

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095879

FILED
Jul 13, 2007
Secretary of State

Entity Name: URGENT CARE AT ABACOA LLC

Current Principal Place of Business:

1495 FOREST HILL BLVD
STE B
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

1495 FOREST HILL BLVD
STE B
WEST PALM BEACH, FL 33406 US

New Mailing Address:

244 FAIRVIEW RD
PALM BEACH, FL 33480 US

FEI Number: 20-5681767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, LAWRENCE
1495 FOREST HILL BLVD
STE B
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

SMITH, LAWRENCE
244 FAIRVIEW RD
PALM BEACH, FL 33408 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANGEL PITTS

07/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAWRENCE SMITH PA,
Address: 244 FAIRVIEW ROAD
City-St-Zip: PALM BEACH, FL 33480 US

Title: MGR () Delete
Name: SMITH, LAWRENCE
Address: 244 FAIRVIEW ROAD
City-St-Zip: PALM BEACH, FL 33480 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANGEL PITTS

MAN

07/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date