

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095879

FILED
Apr 24, 2008
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

Current Mailing Address:

244 FAIRVIEW RD
PALM BEACH, FL 33480 US

New Principal Place of Business:

641 UNIVERSITY BOULEVARD
STE 105
JUPITER, FL 33458 US

New Mailing Address:

641 UNIVERSITY BOULEVARD
STE 105
JUPITER, FL 33458 US

FEI Number: 20-5681767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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: MGRM (X) Change () Addition
Name: SMITH, GENEVIEVE
Address: 244 FAIRVIEW ROAD
City-St-Zip: PALM BEACH, FL 33480 US

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

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: LAWRENCE SMITH

MGRM

04/24/2008

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