## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115220

( ) Delete

6525 WEST CAMPUS OVAL

NEW ALBANY, OH 43054

AMBULATORY CARE AFFI, LIATES, LTD.

Title:

Name:

Address:

City-St-Zip:

Entity Name: AMERICAS URGENT CARE OF HUNTERS CREEK LLC

FILED Mar 26, 2009 Secretary of State

() Change () Addition

03/26/2009

Current Principal Place of Business:		New Principal Place of Business:	
3010 HUNTERS CREEK ORLANDO, FL 32837	(BOULEVARD		
Current Mailing Address:		New Mailing Address:	
6525 WEST CAMPUS C SUITE 150 NEW ALBANY, OH 430			
FEI Number: 20-8276452	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
AKIN, SHERRILLE D 600 N. SALISBURY AVE DELAND, FL 32720 U	NUE JS		
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both
SIGNATURE:			
Electro	nic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANA	AGERS:	ADDITIONS/CHANGES:	

Title:

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: AMBULATORY CARE AFFILIATES, LTD MGR