2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# L07000014145

Entity Name: ALTAMONTE URGENT CARE, LLC

Current Principal Place of Business:

1125 TOWN PARK AVE.
SUITE 1011
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

1125 TOWN PARK AVE.
SUITE 1011
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILLIPS, LANE DO
1125 TOWN PARK AVE.
SUITE 1011
LAKE MARY, FL 32746 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: MNGM ( ) Delete
Name: PHILLIPS, LANE DO
Address: 1125 TOWN PARK AVE., SUITE 1011
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

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: LANE PHILLIPS CEO 03/17/2009

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