

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000018516

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** PREMIER URGENT CARE CENTER, LLC

**Current Principal Place of Business:**

2400 WEST SAMPLE ROAD  
SUITE 4  
POMPANO BEACH, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

2400 WEST SAMPLE ROAD  
SUITE 4  
POMPANO BEACH, FL 33073

**New Mailing Address:**

**FEI Number:** 20-8471018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIBSON, XUNDA A  
2400 WEST SAMPLE ROAD  
SUITE 4  
POMPANO BEACH, FL 33073 US

**Name and Address of New Registered Agent:**

LANGLEY, DAVID W ESQUIRE  
8551 WEST SUNRISE BLVD  
SUITE 303  
PLANTATION, FL 33322 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:** DAVID LANGLEY, ESQUIRE

04/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** GIBSON, XUNDA A  
**Address:** 2400 W. SAMPLE ROAD SUITE 4  
**City-St-Zip:** POMPANO BEACH, FL 33073

I hereby 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:** XUNDA A. GIBSON

P

04/04/2011

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