

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90240 033 ***138.75

DOCUMENT # L07000030697

1. Entity Name
URGENT CARE PHYSICIANS OF WESTCHESTER, LLC



Principal Place of Business
**8660 W. FLAGLER ST., #200
MIAMI, FL 33144**

Mailing Address
**8660 W. FLAGLER ST., #200
MIAMI, FL 33144**

60014268



2. Principal Place of Business - No P.O. Box #

8780 SW 92nd St.

3. Mailing Address

8780 SW 92nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

Zip

33176

Country

01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-8708785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEITMAN, LORN
8660 W. FLAGLER ST., #200
MIAMI, FL 33144**

7. Name and Address of New Registered Agent

Name
NATEMAN, DAVID R.

Street Address (P.O. Box Number is Not Acceptable)

8780 SW 92nd St.

Suite 200

City
MIAMI

FL

Zip Code

33176

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David R. Nateman

DAVID R. NATEMAN

2/28/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	NATEMAN, DAVID R	
STREET ADDRESS	8660 W. FLAGLER ST., #200	
CITY - ST - ZIP	MIAMI, FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DAVID R. NATEMAN, MD

2/28/08

Date

Daytime Phone #

786

596-7992