

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000052308

**FILED**  
**Feb 13, 2008**  
**Secretary of State**

**Entity Name:** MED-CARE URGENT CARE CENTER, LLC

**Current Principal Place of Business:**

735 NW 22ND AVENUE  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

735 NW 22ND AVENUE  
MIAMI, FL 33125

**New Mailing Address:**

**FEI Number:** 26-0162376

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MADURO, FRANK  
7200 SW 59TH STREET  
MIAMI, FL 33143 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: MADURO, FRANK  
Address: 7200 SW 59TH STREET  
City-St-Zip: MIAMI, FL 33143

**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: FRANK MADURO

MGRM

02/13/2008

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