

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 16, 2008 8:00 am
Secretary of State

02-15-2008 90051 046 ***138.75

DOCUMENT # L07000061753
 1. Entity Name
 ER QUICKCARE, P.L.



Principal Place of Business
 9000 THE LANE
 NAPLES FL 34109

Mailing Address
 9000 THE LANE
 NAPLES FL 34109

2. Principal Place of Business - No P.O. Box #
 13030 LIVINGSTON BLVD

3. Mailing Address

Suite, Apt. #, etc.
 SUITE #3

Suite, Apt. #, etc.

City & State
 NAPLES FL

City & State

Zip
 34105

Country
 USA

4. FEI Number
 74-3212445

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROSENFELD, JEFFREY M M.D.
 9000 THE LANE
 NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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: JEFFREY ROSENFELD M.D. 2/8/8

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

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		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	PRESIDENT JEFFREY M. ROSENFELD M.D. 9000 THE LANE NAPLES FL 34109	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 2/8/8 2395964929

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