

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000061753

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** ER QUICKCARE, P.L.

**Current Principal Place of Business:**

13030 LIVINGSTON ROAD  
STE #3  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

13030 LIVINGSTON ROAD  
STE #3  
NAPLES, FL 34105

**New Mailing Address:**

**FEI Number:** 26-2754272

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSENFELD, JEFFREY M M.D.  
9000 THE LANE  
NAPLES, FL 34109 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:** MGRP  
**Name:** ROSENFELD, JEFFREY M MD  
**Address:** 9000 THE LANE  
**City-St-Zip:** NAPLES, FL 34109

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:** JEFFREY ROSENFELD

OWNE

02/16/2011

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