

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070293

Entity Name: PALM BAY URGENT CARE, P.L.

FILED  
Apr 19, 2008  
Secretary of State

## Current Principal Place of Business:

2194 S. HIGHWAY A1A, #106  
INDIAN HARBOR BEACH, FL 32937

## New Principal Place of Business:

1155 MALABAR ROAD UNIT 10  
PALM BAY, FL 32907

## Current Mailing Address:

2194 S. HIGHWAY A1A, #106  
INDIAN HARBOR BEACH, FL 32937

## New Mailing Address:

FEI Number: 26-0481944      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIMBERG, BJORN MD  
2194 S. HIGHWAY A1A, #106  
INDIAN HARBOR BEACH, FL 32937      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: MGR      ( ) Delete  
Name: MAXMYLES MEDICAL SER, VICES, P.A.  
Address: 2194 S. HIGHWAY A1A, #106  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: MGR      ( ) Delete  
Name: LILY MEDICAL SERVICE, S, INC.  
Address: 2194 S. HIGHWAY A1A, #106  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

## ADDITIONS/CHANGES:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANGEL PITTS

MAN

04/19/2008

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