

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073348

FILED
Apr 14, 2008
Secretary of State

Entity Name: PRIMARY AND URGENT CARE MEDICINE, LLC

Current Principal Place of Business:

4842 NW 54 AVE
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

4842 NW 54 AVE
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SU-DIAZ, FABIO
4842 NW 54 AVE
COCONUT CREEK, FL 33073 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: SU-DIAZ, FABIO
Address: 4842 NW 54 AVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM () Delete
Name: SU-LEUNG, LAI K
Address: 4842 NW 54 AVE
City-St-Zip: COCONUT CREEK, FL 33073

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: FABIO SU-DIAZ

MGRM

04/14/2008

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