2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# L07000075663

Entity Name: WEST BROWARD URGENT CARE LLC

Current Principal Place of Business:

11327 OKEECHOBEE BLVD STE 2
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

400 NORTH CONGRESS AVENUE
110
WEST PALM BEACH, FL 33401

Current Mailing Address:

11327 OKEECHOBEE BLVD STE 2
ROYAL PALM BEACH, FL 33411

New Mailing Address:

400 NORTH CONGRESS AVENUE
110
WEST PALM BEACH, FL 33401

FEI Number: 26-0586216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOBEL, JAMES S
11327 OKEECHOBEE BLVD
2
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

LOBEL, JAMES S
400 NORTH CONGRESS AVENUE
110
WEST PALM BEACH, FL 33401 US

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: 03/16/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MR ( ) Delete
Name: LOBEL, JAMES S
Address: 11327 OKEECHOBEE BLVD
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES:

Title: MR (X) Change ( ) Addition
Name: LOBEL, JAMES S
Address: 400 NORTH CONGRESS AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

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: JAMES S LOBEL MR 03/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date