

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000075663

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** WEST BROWARD URGENT CARE LLC

**Current Principal Place of Business:**

1911 N. PINE ISLAND RD.  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

1911 N. PINE ISLAND RD.  
PLANTATION, FL 33322

**New Mailing Address:**

**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  
400 NORTH CONGRESS AVENUE  
110  
WEST PALM BEACH, FL 33401 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: MR  
Name: LOBEL, JAMES S  
Address: 400 NORTH CONGRESS AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401

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: JAMES S LOBEL

MR

04/13/2010

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