

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000075663

**FILED**  
**Apr 25, 2012**  
**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:**

4992 N UNIVERSITY DR  
LAUDERHILL, FL 33351

**Current Mailing Address:**

721 SE 17TH STEET CAUSEWAY  
2ND FLOOR  
FT LAUDERDALE, FL 33316

**New Mailing Address:**

4992 N UNIVERSITY DR  
LAUDERHILL, FL 33351

**FEI Number:** 26-0586216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOUIS, RALEY A  
3469 W BOYNTON BEACH BLVD  
STE 18  
BOYNTON BEACH, FL 33436 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  
Name: GELLER, JESSICA M.D.  
Address: 4992 N UNIVERSITY DR  
City-St-Zip: LAUDERHILL, FL 33351

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: JESSICA GELLER, M.D.

PRES

04/25/2012

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