

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075912

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** THOMAS URGENT CARE SYSTEMS, LLC

**Current Principal Place of Business:**

502 S. FREMONT AVENUE, #813  
TAMPA, FL 33606

**New Principal Place of Business:**

12021 WHITMARSH LN  
TAMPA, FL 336261737 US

**Current Mailing Address:**

502 S. FREMONT AVENUE, #813  
TAMPA, FL 33606

**New Mailing Address:**

12021 WHITMARSH LN  
TAMPA, FL 336261737 US

**FEI Number:** 26-0571481

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BASURTO, MARK A  
220 SOUTH FRANKLIN STREET  
TAMPA, FL 33602 US

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

THOMAS, STANLEY M  
12021 WHITMARSH LN  
TAMPA, FL 336261737 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: STANLEY M THOMAS

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: THOMAS, STANLEY M  
Address: 12021 WHITMARSH LN  
City-St-Zip: TAMPA, FL 336261737 US

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: STANLEY M THOMAS

MGR

04/29/2008

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