

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000077176

**FILED**  
**Aug 03, 2012**  
**Secretary of State**

**Entity Name:** A PLUS URGENT CARE OF HOLLYWOOD, LLC

**Current Principal Place of Business:**

1531 N. FEDERAL HWY  
HOLLYWOOD, FL 33020 UN

**New Principal Place of Business:**

**Current Mailing Address:**

1531 N. FEDERAL HWY  
HOLLYWOOD, FL 33020 UN

**New Mailing Address:**

**FEI Number:** 41-2247275      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KRUCHAKOV, ALEKSANDR  
1531 N. FEDERAL HWY  
HOLLYWOOD, FL 33020 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:** GOETZ, DEREK  
**Address:** 1531 N. FEDERAL HWY  
**City-St-Zip:** HOLLYWOOD, FL 33020

**Title:** MGRM  
**Name:** KRUCHAKOV, ALEKSANDR  
**Address:** 1531 N. FEDERAL HWY  
**City-St-Zip:** HOLLYWOOD, FL 33020

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: ALEKSANDR KRUCHAKOV

MGRM

08/03/2012

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