

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098235

FILED
May 20, 2008
Secretary of State

Entity Name: MED-URGE MEDICAL CENTER, L.L.C.

Current Principal Place of Business:

4800 NORTH STATE ROAD #7
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

4800 NORTH STATE ROAD #7
LAUDERDALE LAKES, FL 33319

New Mailing Address:

5833 WEST OAKLAND PARK BOULEVARD
157
LAUDERHILL, FL 33313

FEI Number: 26-1184389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PIERRE-ANTOINE, CAROLE
4990 SABAL PALM EAST
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

PIERRE-ANTOINE, CAROLE
7080 ENVIRON BOULEVARD -BUILDING #3
321
LAUDERHILL, FL 33319 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: CAROLE PIERRE-ANTOINE

05/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PIERRE-ANTOINE, CAROLE
Address: 4990 SABAL PALM EAST
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PIERRE-ANTOINE, CAROLE
Address: 7080 ENVIRON BOULEVARD-#321
City-St-Zip: LAUDERHILL, FL 33319

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: CAROLE PIERRE-ANTOINE

MGR

05/20/2008

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