

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101462

Entity Name: QUALITY URGENT CARE,LLC

FILED
Sep 01, 2008
Secretary of State

Current Principal Place of Business:

6719 GALL BLVD
SUITE 106
ZEPHYRHILL, FL 33542

New Principal Place of Business:

37900 DAUGHTERY ROAD
ZEPHYRHILL, FL 33541

Current Mailing Address:

PO BOX 48589
TAMPA, FL 33647

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SYED, A SAFDAR
6719 GALL BLVD
SUITE 106
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

SAFDAR, SYED A
37900 DAUGHTERY ROAD
ZEPHYRHILLS, FL 33541 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: SYED A SAFDAR

09/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KHAN, WALI U
Address: 6748 GALL BLVD
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: MGR () Delete
Name: SAFDAR, SYED A
Address: 6719 GALL BLVD SUITE 106
City-St-Zip: ZEPHYRHILL, FL 33542

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SAFDAR, SYED A
Address: 37900 DAUGHTERY ROAD
City-St-Zip: ZEPHYRHILL, FL 33541

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: SYED A SAFDAR

MGR

09/01/2008

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