

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000002934

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** MD NOW URGENT CARE WALKIN MEDICAL CENTER OF BOCA RATON, LLC

**Current Principal Place of Business:**

7035 BERACASA WAY, SUITE 105-108  
BOCA RATON, FL 33433

**New Principal Place of Business:**

7035 BERACASA WAY, SUITE 105  
BOCA RATON, FL 33433

**Current Mailing Address:**

4570 LANTANA ROAD  
LAKE WORTH, FL 33463

**New Mailing Address:**

2007 PALM BEACH LAKES BLVD  
WEST PALM BEACH, FL 33409

FEI Number: 01-0790511

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAMELAS, PETER MD  
4570 LANTANA ROAD  
LAKE WORTH, FL 33463 US

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

LAMELAS, PETER MD  
2007 PALM BEACH LAKES BLVD  
WEST PALM BEACH, FL 33409 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:

01/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LAMELAS, PETER  
Address: 2007 PALM BEACH LAKES BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33409

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: PETER LAMELAS

DR.

01/12/2011

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