

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005960

FILED
Jan 15, 2009
Secretary of State

Entity Name: PRIME URGENT CARE OF FLA LLC

Current Principal Place of Business:

290 NICHOLAS PARKWAY
STE 1
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

255 W. END DRIVE UNIT 1309
1309
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 26-1774121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LINDENBERGER, THERESA
255 W. END DRIVE
1309
PUNTA GORDA, FL 33950 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: MGR () Delete
Name: LINDENBERGER, THERESA
Address: 255 W. END DRIVE 1309
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM () Delete
Name: GONIS, DEMETRIOS MD
Address: 2207 SE 15TH STREET
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES:

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

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

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: THERESA LINDENBERGER

MGR

01/15/2009

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