2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# L08000009971

Entity Name: URGENT CARE CENTERS OF FLORIDA MANAGEMENT, LLC

Current Principal Place of Business:

C/O LANE R. PHILLIPS
1125 TOWN PARK AVE., SUITE 1011
HEATHROW, FL 32746

New Principal Place of Business:

Current Mailing Address:

C/O MARC H. AUERBACH, ESQ.
200 S. BISCAYNE BLVD., SUITE #2000
MIAMI, FL 33131

New Mailing Address:

LANE PHILLIPS
1125 TOWN PARK AVE SUITE 1011
LAKE MARY, FL 32771

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

Name and Address of Current Registered Agent:

AUERBACH, MARC H ESQ.
200 S. BISCAYNE BLVD., SUITE #2000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

PHILLIPS, LANE
1125 TOWN PARK AVE SUITE 1011
LAKE MARY, FL 32771 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: LANE PHILLIPS 03/17/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR ( ) Change (X) Addition
Name: PHILLIPS, LANE
Address: 1125 TOWN PARK AVE STE 1011
City-St-Zip: LAKE MARY, FL 32771

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: LANE PHILLIPS CEO 03/17/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date