

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000015587

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** CELEBRATION URGENT CARE CENTER PLLC

**Current Principal Place of Business:**

1630 CELEBRATION BLVD.  
CELEBRATION, FL 34747 US

**New Principal Place of Business:**

1530 CELEBRATION BLVD.  
CELEBRATION, FL 34747 US

**Current Mailing Address:**

6525 W. CAMPUS OVAL  
SUITE 150  
NEW ALBANY, OH 43054 US

**New Mailing Address:**

**FEI Number:** 80-0149594      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

AKIN, SHERRILLE D  
600 N. SALISBURY AVENUE  
DELAND, FL 32720 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:** MGRM  
**Name:** DIIULLO, NINO  
**Address:** 6525 W. CAMPUS OVAL, SUITE 150  
**City-St-Zip:** NEW ALBANY, OH 43054 US

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: NINO DI IULLO

MGRM

04/12/2010

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