

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024355

Entity Name: ABC URGENT CARE, LLC

FILED
Jan 31, 2009
Secretary of State

Current Principal Place of Business:

275 W. COCOA BEACH CSWY.
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

31 COUNTRY CLUB RD.
COCOA BEACH, FL 32931

New Mailing Address:

275 W. COCOA BEACH CSWY.
COCOA BEACH, FL 32931

FEI Number: 26-2139937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERK, STUART
31 COUNTRY CLUB RD.
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

BERK, STUART
275 W. COCOA BEACH CSWY.
COCOA BEACH, FL 32931 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: STUART BERK

01/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERK, STUART
Address: 31 COUNTRY CLUB RD.
City-St-Zip: COCOA BEACH, FL 32931

Title: MGRM () Delete
Name: GILLIS, DAVID
Address: 5265 CREEKWOOD DR.
City-St-Zip: MELBOURNE, FL 32940

Title: MGMR () Delete
Name: SMITH, TODD
Address: 1425 SHADWELL CIR
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

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

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: STUART BERK

MGMR

01/31/2009

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