

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000024355

Entity Name: ABC URGENT CARE, LLC

**FILED**  
**Jan 10, 2010**  
**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:**

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

**New Mailing Address:**

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  
275 W. COCOA BEACH CSWY.  
COCOA BEACH, FL 32931 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: BERK, STUART  
Address: 31 COUNTRY CLUB RD.  
City-St-Zip: COCOA BEACH, FL 32931

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

Title: MGMR  
Name: SMITH, TODD  
Address: 213 SILOH COVE  
City-St-Zip: LAKE MARY, FL 32746

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: STUART BERK

MGMR

01/10/2010

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