2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000047308

Entity Name: EXPRESS CARE WALK-IN CLINIC LLC

22655 BAYSHORE ROAD, SUITE 120

PORT CHARLOTTE, FL 33980 US

Address:

City-St-Zip:

FILED May 05, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: | |
|---|----------------------------------|--|
| 22655 BAYSHORE ROAD SUITE 120 PORT CHARLOTTE, FL 33980 US | | |
| Current Mailing Address: | New Mailing Address: | |
| 22655 BAYSHORE ROAD SUITE 120 PORT CHARLOTTE, FL 33980 US | | |
| FEI Number: 26-2587296 FEI Number Applied For () FEI N In accordance with s. 607.193(2)(b), F.S., the limited liability company divided and Address of Current Registered Agent: | • | Certificate of Status Desired() New Registered Agent: |
| MOZZETTI, MICHAEL D 22655 BAYSHORE ROAD SUITE 120 PORT CHARLOTTE, FL 33980 US | | |
| The above named entity submits this statement for the purpose in the State of Florida. | of changing its registered | office or registered agent, or both |
| SIGNATURE: | | |
| Electronic Signature of Registered Agent | | Date |
| MANAGING MEMBERS/MANAGERS: | ADDITIONS/CHANGES: | |
| Title: MGRM () Delete Name: MICHAEL D. MOZZETTI MD PL | Title: (Name: |) Change () Addition |

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: MICHAEL D MOZZETTI M 05/05/2009