2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052382

Entity Name: CINTEX URGENT CARE CENTER L.L.C

FILED Apr 27, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6245 MIRAMAR PARKWAY SUITE 101 MIRAMAR, FL 33023

Current Mailing Address: New Mailing Address:

6245 MIRAMAR PARKWAY SUITE 101 MIRAMAR, FL 33023

FEI Number: 26-2682809 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DEJEAN, ADRIENNE
6245 MIRAMAR PARKWAY 101
6245 MIRAMAR, FL 33023 US
6245 MIRAMAR PARKWAY 101
104
MIRAMAR, FL 33023 US

MIRAMAR, FL 33023 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: RENAL ROBERTY 04/27/2011

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR

Name: DEJEAN, ADRIENNE Address: 6245 MIRAMAR PARKWAY City-St-Zip: MIRAMAR, FL 33023

Title: MGRM

Name: CINTEX MANAGEMENT INC. Address: 190 NE 199 STREET SUITE 104

City-St-Zip: MIAMI, FL 33179

Title: MGRM

 Name:
 RENAL, ROBERTY

 Address:
 190 NE 199 STREET # 104

 City-St-Zip:
 MIAMI, FL 33179

City-St-Zip. WilAlvii, FL 3.

Title: MGRM

Name: RENAL, ROBERTY

Address: 190 NE 199 STREET # 104

City-St-Zip: MIAMI, FL 33179

Title: MGRM

 Name:
 RENAL, ROBERTY

 Address:
 190 NE 199 STREET # 104

 City-St-Zip:
 MIAMI, FL 33179

Title: MGRN

 Name:
 RENAL, ROBERTY

 Address:
 190 NE 199 STREET # 104

 City-St-Zip:
 MIAMI, FL 33179

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 Statues.

SIGNATURE: RENAL ROBERTY MGRM 04/27/2011

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