

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061515

FILED
Mar 11, 2009
Secretary of State

Entity Name: ATLANTIC URGENT CARE, LLC

Current Principal Place of Business:

870 DUNLAWTON AVE
STE 101
PORT ORANGE, FL 32174

New Principal Place of Business:

75 BLACK HICKORY WAY
ORMOND BEACH, FL 32174

Current Mailing Address:

P O BOX 731677
ORMOND BEACH, FL 32173

New Mailing Address:

FEI Number: 80-0203202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNELL LEGAL
160 E GRANADA BLVD
ORMOND BEACH, FL 32176 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 () Delete
Name: BESS, MICHAEL MD
Address: 870 DUNLAWTON AVE
City-St-Zip: PORT ORANGE, FL 32174

ADDITIONS/CHANGES:

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: MICHAEL BESS

MGR

03/11/2009

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