

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068101

FILED  
Jun 25, 2009  
Secretary of State

**Entity Name:** URGENT CARE AMERICA AIRPORTS, LLC

**Current Principal Place of Business:**

17595 S. TAMiami TRAIL SUITE 106  
FT. MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

17595 S. TAMiami TRAIL SUITE 106  
FT. MYERS, FL 33908

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BATE, ANDREW  
7371 STONEGATE DR.  
NAPLES, FL 34109    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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM    ( ) Delete  
Name: BARBER, JAMES A. TONY  
Address: 17595 S. TAMiami TRAIL SUITE 106  
City-St-Zip: FT. MYERS, FL 33908

Title: MGRM    ( ) Delete  
Name: BLONDALL, KRISTIN A  
Address: 17595 S. TAMiami TRAIL SUITE 106  
City-St-Zip: FT. MYERS, FL 33908

Title: MGRM    ( ) Delete  
Name: TECOSKY, AMY Y  
Address: 12010 N.W. 15 STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGRM    (X) Delete  
Name: FAINE, JEFFRY C  
Address: 12010 N.W. 15 STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

**ADDITIONS/CHANGES:**

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

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

Title: MGRM    (X) Change ( ) Addition  
Name: BATE, ANDREW H ESQ.  
Address: 17595 S. TAMiami TRAIL SUITE 106  
City-St-Zip: FT. MYERS, FL 33908

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: ANDREW H BATE

MGRM

06/25/2009

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