2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L08000073152

Entity Name: EMERGENCY ONE URGENT CARE, LLC

Current Principal Place of Business:

802 W. OAK STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

3505 PROGRESS LANE
ST. CLOUD, FL 34769

Current Mailing Address:

802 W. OAK STREET
KISSIMMEE, FL 34741

New Mailing Address:

3505 PROGRESS LANE
ST. CLOUD, FL 34769

FEI Number: 26-3084497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KHAN, MOHAMMAD A
802 W. OAK STREET
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

KHAN, DONNA M
3505 PROGRESS LANE
ST. CLOUD, FL 34769 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: DONNA KHAN 04/21/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CENTRAL FLORIDA INTERNIST, INC.
Address: 2918 17TH STREET
City-St-Zip: ST. CLOUD, FL 34769

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KHAN, MUHAMMAD A
Address: 3505 PROGRESS LANE
City-St-Zip: ST. CLOUD, FL 34769 US

Title: MGRM ( ) Change (X) Addition
Name: KHAN, DONNA M
Address: 3505 PROGRESS LANE
City-St-Zip: ST. CLOUD, FL 34769 US

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: DONNA KHAN MGRM 04/21/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date