

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093837

FILED
Mar 11, 2009
Secretary of State

Entity Name: BAY VIEW URGENT CARE, LLC

Current Principal Place of Business:

1530 CORNERSTONE BLVD, STE 200
DAYTONA BEACH, FL 32117

New Principal Place of Business:

573 N. AIRPORT ROAD
NEW SMYRNA BEACH, FL 32168 53

Current Mailing Address:

1530 CORNERSTONE BLVD, STE 200
DAYTONA BEACH, FL 32117

New Mailing Address:

573 N. AIRPORT ROAD
NEW SMYRNA BEACH, FL 32168 53

FEI Number: 26-3488717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, JAMES F. JR.
215 N. EOLA DR.
ORLANDO, FL 32801 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: () Delete
Name:
Address:
City-St-Zip:

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: DUVA, CHARLES D
Address: 545 OCEANSHORE BLVD.
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGR () Change (X) Addition
Name: HARRELL, STEVEN W
Address: 2781 LETHA ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: CHARLES D. DUVA

MGR

03/11/2009

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