

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000093837

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Entity Name:** BAY VIEW URGENT CARE, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

1530 CORNERSTONE BLVD.  
SUITE 200  
DAYTONA BEACH, FL 32117 US

**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:**

DUVA, CHARLES D  
1530 CORNERSTONE BLVD.  
SUITE 200  
DAYTONA BEACH, FL 32117 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: CHARLES D. DUVA

03/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DUVA, CHARLES D  
Address: 545 OCEANSHORE BLVD.  
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: MGR  
Name: HARRELL, STEVEN W  
Address: 2781 LETHA ROAD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

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 Statutes.

SIGNATURE: CHARLES D. DUVA

MGR

03/01/2010

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