

2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000107622

Entity Name: URGENT CARE HOLDINGS, LLC

FILED
Nov 01, 2012
Secretary of State

Current Principal Place of Business:

17595 S.TAMIAMI TRAIL
SUITE 106
FORT MYERS, FL 33908

New Principal Place of Business:

9410 CORKSCREW PALMS CIRCLE
UNIT 202
ESTERO, FL 33928

Current Mailing Address:

17595 S.TAMIAMI TRAIL
SUITE 106
FORT MYERS, FL 33908

New Mailing Address:

9410 CORKSCREW PALMS CIRCLE
UNIT 202
ESTERO, FL 33928

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINDLEY, ANGELA L
17595 S. TAMIAMI TRAIL
SUITE 106
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

FINDLEY, ANGELA L
9410 CORKSCREW PALMS CIRCLE
UNIT 202
ESTERO, FL 33928 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: ANGELA FINDLEY

11/01/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BARBER, JAMES A
Address: 9410 CORKSCREW PALMS CIRCLE UNIT 202
City-St-Zip: ESTERO, FL 33928

Title: MGR
Name: BLONDAL, KRISTINN V
Address: 9410 CORKSCREW PALMS CIRCLE UNIT 202
City-St-Zip: ESTERO, FL 33928

Title: MGR
Name: BATE, ANDREW H
Address: 9410 CORKSCREW PALMS CIRCLE UNIT 202
City-St-Zip: ESTERO, FL 33928

Title: MGR
Name: JAY, ROB
Address: 9410 CORKSCREW PALMS CIRCLE UNIT 202
City-St-Zip: ESTERO, FL 33928

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: JAMES A BARBER

MGR

11/01/2012

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