

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000115158

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** MD NOW URGENT CARE WALK IN OF BOYNTON BEACH, LLC

**Current Principal Place of Business:**

4570 LANTANA RD  
LAKE WORTH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

4570 LANTANA RD  
LAKE WORTH, FL 33483

**New Mailing Address:**

**FEI Number:** 20-0201338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAMELAS, PETER MD  
4570 LANTANA RD  
LAKE WORTH, FL 33483 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: MGR  
Name: LAMELAS, PETER  
Address: 4570 LANTANA RD  
City-St-Zip: LAKE WORTH, FL 33483

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: PETER LAMELAS

DR.

01/05/2010

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