

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000005170

Entity Name: SKYMED URGENT CARE, LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10 TALL OAKS CIRCLE  
TEQUESTA, FL 33469 US

**New Principal Place of Business:**

**Current Mailing Address:**

10 TALL OAKS CIRCLE  
TEQUESTA, FL 33469 US

**New Mailing Address:**

FEI Number: 26-3865663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KALANCHOE BAHAMAS LLC  
10 TALL OAKS CIRCLE  
TEQUESTA, FL 33469 US

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

TURNQUEST, CALVIN D  
10 TALL OAKS CIRCLE  
TEQUESTA, FL 33469 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: CALVIN D. TURNQUEST

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TURNQUEST, CALVIN D  
Address: 10 TALL OAKS CIRCLE  
City-St-Zip: TEQUESTA, FL 33469 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: CALVIN D. TURNQUEST

MGRM

04/29/2010

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