

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000054736

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** URGENT CARE ASSOCIATES OF CENTRAL FLORIDA, L.L.C.

**Current Principal Place of Business:**

8390 CHAMPIONSGATE BLVD., SUITE 306  
CHAMPIONSGATE, FL 33896

**New Principal Place of Business:**

**Current Mailing Address:**

8390 CHAMPIONSGATE BLVD., SUITE 306  
CHAMPIONSGATE, FL 33896

**New Mailing Address:**

FEI Number: 27-0401105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PLUMMER, JOSHUA  
8390 CHAMPIONSGATE BLVD., SUITE 306  
CHAMPIONSGATE, FL 33896 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: MGRM  
Name: PLUMMER, JOSHUA  
Address: 8390 CHAMPIONSGATE BLVD., SUITE 306  
City-St-Zip: CHAMPIONSGATE, FL 33896

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: JOSHUA JPLUMMER

PRES

02/06/2012

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