

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000083502

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Entity Name:** CHRISTOS DOCTORS INN WALK IN HEALTH CARE LLC

**Current Principal Place of Business:**

3850 COCONUT CREEK PKWY  
STE F105  
COCONUT CREEK, FL 33066

**New Principal Place of Business:**

8019 W. SAMPLE ROAD  
CORAL SPRING, FL 33065

**Current Mailing Address:**

280 SUNSHINE DR  
COCONUT CREEK, FL 33066

**New Mailing Address:**

**FEI Number:** 27-0822752

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, CYNTHIA  
280 SUNSHINE DRIVE  
COCONUT CREEK, FL 33066 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: SMITH, CHRISTOPHER  
Address: 280 SUNSHINE DRIVE  
City-St-Zip: COCONUT CREEK, FL 33066

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: CHRISTOPHER SMITH

MGRM

02/25/2010

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