

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000090032

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

**Entity Name:** DAIRY ROAD URGENT CARE LLC

**Current Principal Place of Business:**

2107 DAIRY ROAD  
MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 120043  
WEST MELBOURNE, FL 32912

**New Mailing Address:**

**FEI Number:** 27-0944686

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DINHO, ELAINE B  
2717 N WICKHAM ROAD  
SUITE 3  
MELBOURNE, FL 32935 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: LORENTE, MIGUEL L  
Address: 2627 VINING ST  
City-St-Zip: MELBOURNE, FL 32904

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: MIGUEL LORENTE

DIR

01/05/2010

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