

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000117530

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** THSE-MARCO URGENT CARE, LLC

**Current Principal Place of Business:**

14050 NW 14TH STREET  
SUITE 190  
FT. LAUDERDALE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

265 BROOKVIEW CENTRE WAY, SUITE 400  
ATTN: LEGAL DEPT.  
KNOXVILLE, TN 37919

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      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:** HOLTZCLAW, STEPHEN M.D.  
**Address:** 14050 NW 14TH STREET, SUITE 190  
**City-St-Zip:** FT. LAUDERDALE, FL 33323

**Title:** AS  
**Name:** STAIR, JOHN  
**Address:** 265 BROOKVIEW CENTRE WAY, SUITE 400  
**City-St-Zip:** KNOXVILLE, TN 37919

**Title:** AT  
**Name:** BELMAR, CAROLE  
**Address:** 265 BROOKVIEW CENTRE WAY, SUITE 400  
**City-St-Zip:** KNOXVILLE, TN 37919

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: STEPHEN HOLTZCLAW, MD                      MGR                      04/11/2012

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