2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2010
Secretary of State

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Entity Name: FLORIDA IMMEDIATE CARE CENTERS , LLC

Current Principal Place of Business:

275 WEST MAIN STREET
LAKE BUTLER, FL 32054 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 567
LAKE BUTLER, FL 32054 US

New Mailing Address:

FEI Number: 27-1542840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORTNER, CHRISTOPHER
275 WEST MAIN STREET
LAKE BUTLER, FL 32054 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: FORTNER, CHRISTOPHER
Address: 275 WEST MAIN STREET
City-St-Zip: LAKE BUTLER, FL 32054 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 Statues.

SIGNATURE: C.R. FORTNER MANA 01/21/2010

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