

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000120479

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA IMMEDIATE CARE CENTERS , LLC

**Current Principal Place of Business:**

128 NW 137TH DRIVE  
NEWBERRY, FL 32669 US

**New Principal Place of Business:**

**Current Mailing Address:**

128 NW 137TH DRIVE  
NEWBERRY, FL 32669 US

**New Mailing Address:**

P.O. BOX 692  
LAKE BUTLER, FL 32054 US

**FEI Number:** 27-1542840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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

**Title:** S  
**Name:** CLEMONS, MICHELLE  
**Address:** 275 WEST MAIN STREET  
**City-St-Zip:** LAKE BUTLER, FL 32054

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 R FORTNER

MGRM

01/17/2012

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