

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000094217

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** AVALON PARK URGENT CARE LLC

**Current Principal Place of Business:**

3861 AVALON PARK EAST BLVD.  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

3861 AVALON PARK EAST BLVD.  
ORLANDO, FL 32828

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHEVALIER, CHADWICH  
3861 AVALON PARK EAST BLVD.  
ORLANDO, FL 32828 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:** CHEVALIER, CHADWICH  
**Address:** 3861 AVALON PARK EAST BLVD.  
**City-St-Zip:** ORLANDO, FL 32828

**Title:** MGRM  
**Name:** PIERRE, WILLIE  
**Address:** 3861 AVALON PARK EAST BLVD.  
**City-St-Zip:** ORLANDO, FL 32828

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:** CHADWICH CHEVALIER

MGRM

04/29/2011

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