

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000043743

FILED
Jan 05, 2012
Secretary of State

Entity Name: COMPLETE URGENT HEALTHCARE LLC

Current Principal Place of Business:

2517 SEMINOLE CIRCLE
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2517 SEMINOLE CIRCLE
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 45-1600063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSTEIN, EVAN D M.D.
2517 SEMINOLE CIRCLE
WEST PALM BEACH, FL 33409 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: GOLDSTEIN, EVAN D M.D.
Address: 2517 SEMINOLE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGR
Name: LEEMAN, DAVID M.D.
Address: 3765 CANTERBURY COURT
City-St-Zip: BOCA RATON, FL 33434

Title: MGR
Name: PESSAH, ARYEH J M.D.
Address: 22184 WOODSET LANE
City-St-Zip: BOCA RATON, FL 33428

Title: MGR
Name: RUBIN-KWAL, GAIL M.D.
Address: 169 EAST FLAGLER STREET
City-St-Zip: MIAMI, FL 33131

Title: MGR
Name: STRONG, DAVID E M.D.
Address: 15757 PINES BLVD., #182
City-St-Zip: PEMBROKE PINES, FL 33027

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: EVAN GOLDSTEIN

DR

01/05/2012

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