2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2010
Secretary of State

DOCUMENT# M09000000720

Entity Name: CYNERGY URGENT CARE, LLC

Current Principal Place of Business:

4692 EXPLORATION AVE.
LAKELAND, FL 33812

New Principal Place of Business:

Current Mailing Address:

4692 EXPLORATION AVE.
LAKELAND, FL 33812

New Mailing Address:

P.O. BOX 399
HIGHLANDS CITY, FL 33846

FEI Number: 26-3464920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUIZ, PEDRO MD
4740 EXPLORATION AVE.
LAKELAND, FL 33812 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: RUIS, PEDRO M.D.
Address: 4692 EXPLORATION AVE.
City-St-Zip: LAKELAND, FL 33812

Title: MGR
Name: ROMERO, CARLOS M M.D.
Address: 4692 EXPLORATION AVE.
City-St-Zip: LAKELAND, FL 33812

Title: MGR
Name: MATALLANA, HERMAN R M.D.
Address: 4692 EXPLORATION AVE.
City-St-Zip: LAKELAND, FL 33812

Title: MGR
Name: RAHIM, PERWAIZ H M.D.
Address: 4692 EXPLORATION AVE.
City-St-Zip: LAKELAND, FL 33812

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: CARLOS ROMERO MGR 02/26/2010

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