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SECKLIARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAY 1 8 2009

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: Urgent Care America, LLC			
11 - 1	nited Liability Company)		
	ability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited		
Please return all correspondence concerning this	natter to the following:		
Andrew H. Bate, Esq.			
(Name of Person)			
Urgent Care America, LLC			
(Firm/Company)			
	· · · · · · · · · · · · · · · · · · ·		
17595 S Tamiami Trail Su	ite 106		
	ite 106 (Address)		
Ft Myers, Florida 33908			
(City/State and Zip Code)			
For further information concerning this matter, ple	ease call:		
Andrew H. Bate, Esq.	at (239) 415-3222 -		
(Name of Person)	(Area Code & Daytime Telephone Number)		
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount: \$\sum_\$125.00 \text{ Filing Fee} \sum_\$130.00 \text{ Filing Fee & Certificate o}\$			



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 9, 2009

ANDREW H. BATE, ESQ. URGENT CARE AMERICA, LLC 17595 S. TAMIAMI TRAIL, SUITE 106 FT. MYERS, FL 33908

SUBJECT: URGENT CARE AMERICA, LLC

Ref. Number: W09000016574



We have received your document for URGENT CARE AMERICA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$160.00 payment.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II Letter Number: 909A00011935

COVER LETTER

_	ion Section of Corporations		
SUBJECT: Ur	gent Care America, LLC		
	(Name of Limite	ed Liability Company)	
Florida," Certific		lity Company for Authorization to Transact Business in mitted to register the above referenced foreign limited	
Please return all	correspondence concerning this mat	_	
A	ndrew H. Bate, Esq.	e of Person)	
	(Nam	e of Person)	
Urgent Care America, LLC			
_	(Firm	/Company)	
17595 S Tamiami Trail Suite 106			
(Address)			
Ft Myers, Florida 33908			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Andrew	v H. Bate, Esq.	at (239) 415-3222	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Division of P.O. Box	of Corporations 6327 ee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a che	eck for the following amount: Filing Fee \$\Bigsim \frac{1}{30.00}\$ Filing Fee & Certificate of St	□\$155.00 Filing Fee & ☑\$160.00 Filing Fee, Certificate atus Certified Copy of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608:503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;
1 Urgent Care America, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
URGENT CARE AMERICA (DEL), LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writt consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2 Delaware 3 26-2268147
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
_{4.} February 2008 _{5.} perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
。None PS 電 ス
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 17595 S Tamiami Trail Suite 106
7. 17595 S Tamiami Trail Suite 106 Ft Myers, Florida 33908 (Street Address of Principal Office)
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here 🗸
9. The name and usual business addresses of the managing members or managers are as follows:
James A. Barber, Kristin v Blondal, Andrew H. Bate, Rob Jay. All share same address
as Urgent Care America stated above
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Services to Healthcare
Industry // /
Secy.
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Andrew H. Bate

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
Urgent Care America, LLC
If name unavailable, the alternate name to be used in the state of Florida is: URGENT CARE AMERICA (DEL), LLC
2. The name and the Florida street address of the registered agent and office are:
Andrew H. Bate, Esq. (Name)
17595 S Tamiami Trail Suite 106 Ft Myers Florida 33908 Florida Street Address (P.O. Box NOT ACCEPTABLE)
FL City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers a	nd/or Managing
Members of Urgent Care America, LLC	70. 3
(Name of Limited Liability Company)	7
a limited liability company duly organized and existing under the l	laws of
Florida	, in
(State or Country of Organization)	<u> </u>
Because the name of this foreign limited liability company does no	ot satisfy the
requirements of the s. 608.406, F.S., the limited liability company	hereby adopts the
following name to transact business in the state of Florida:	
URGENT CARE AMERICA (DEL), LLC -	ica
(Name to be used by limited liability company in Florida. NOTE: Name must end with Company, L.L.C., or LLC.)	Limited Liability
Date: 05.04.09	
Signature(s) of Manager(s) and/or Managing Member(s):	
Ju All	
Jam 8DG	
I (the distriction)	

Delaware

PAGE 1

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "URGENT CARE AMERICA, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JANUARY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4508168 8300

090082583

AUTHENTY CATION: 7107749

DATE: 01-29-09

You may verify this certificate online at corp.delaware.gov/authver.shtml