

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000001861

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** URGENT CARE AMERICA (DEL), LLC

**Current Principal Place of Business:**

17595 S. TAMIAMI TRAIL, SUITE 106  
FT. MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

17595 S. TAMIAMI TRAIL, SUITE 106  
FT. MYERS, FL 33908

**New Mailing Address:**

**FEI Number:** 26-2268147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BATE, ANDREW H ESQ.  
17595 S. TAMIAMI TRAIL, SUITE 106  
FT. MYERS, FL 33908 US

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

FINDLEY, ANGELA L  
17595 S. TAMIAMI TRAIL, SUITE 106  
FT. MYERS, FL 33908 US

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: ANGELA FINDLEY

03/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BARBER, JAMES A  
Address: 17595 S. TAMIAMI TRAIL, SUITE 106  
City-St-Zip: FT. MYERS, FL 33908

Title: MGR  
Name: BLONDAL, KRISTINN V  
Address: 17595 S. TAMIAMI TRAIL, SUITE 106  
City-St-Zip: FT. MYERS, FL 33908

Title: MGR  
Name: BATE, ANDREW H  
Address: 17595 S. TAMIAMI TRAIL, SUITE 106  
City-St-Zip: FT. MYERS, FL 33908

Title: MGR  
Name: JAY, ROB  
Address: 17595 S. TAMIAMI TRAIL, SUITE 106  
City-St-Zip: FT. MYERS, FL 33908

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: JAMES A BARBER

MGR

03/01/2011

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