

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000006406

**Entity Name:** NAPLES URGENT CARE, PL

**Current Principal Place of Business:**

1713 SW HEALTH PARK WAY, SUITE 1  
NAPLES, FL 34109

**Current Mailing Address:**

1713 SW HEALTH PARKWAY, SUITE 1  
NAPLES, FL 34109

**FEI Number:** 59-3649884

**Certificate of Status Desired:** No

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

TAX & FINANCIAL STRATEGISTS, LLC  
28089 VANDERBILT DRIVE  
SUITE 201  
BONITA SPRINGS, FL 34134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MCGANN, ROBERT CDR.  
Address 1713 SW HEALTH PARKWAY, SUITE 1  
  
City-State-Zip: NAPLES FL 34109

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT MCGANN

MGRM

03/31/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date