

2016 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

04/20/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date