**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 23, 2018**
**Secretary of State**
**CC0940638591**

DOCUMENT# L05000016813

**Entity Name:** AMERICAN URGENT CARE, LLC

**Current Principal Place of Business:**

301 N.E. 167TH STREET
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

301 N.E. 167TH STREET
NORTH MIAMI BEACH, FL 33169

**FEI Number: 83-0506307**

**Certificate of Status Desired:** No

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

MITCHELL SETH POLANSKY, P.A.
999 BRICKELL AVENUE
SUITE 600
MIAMI, FL 33131 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 | MGR |
| Name | TAMAYO, VICTOR I |
| Address | 301 N.E. 167TH STREET |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162 |

*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: VICTOR I. TAMAYO MANAGER 04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date