

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000037095

**Entity Name:** KWALITY URGENT HEALTH CARE, L.L.C.

**Current Principal Place of Business:**

169 EAST FLAGLER STREET  
SUITE 800  
MIAMI, FL 33131

**Current Mailing Address:**

169 EAST FLAGLER STREET  
SUITE 800  
MIAMI, FL 33131

**FEI Number:** 45-1215496

**Certificate of Status Desired:** No

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

KWAL, RICHARD M  
169 EAST FLAGLER STREET  
SUITE 800  
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 KWAL, RICHARD M  
Address 169 EAST FLAGLER STREET, SUITE  
800  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name KWAL, GAIL RUBIN  
Address 169 EAST FLAGLER STREET, SUITE  
800  
City-State-Zip: MIAMI FL 33131

*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:** RICHARD M KWAL

MGR

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date