

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000125823

**Entity Name:** AMERICA'S BEST URGENT CARE, LLC

**Current Principal Place of Business:**

10 SE CENTRAL PARKWAY  
450  
STUART, FL 34994

**Current Mailing Address:**

10 SE CENTRAL PARKWAY  
450  
STUART, FL 34994 US

**FEI Number:** 47-4851417

**Certificate of Status Desired:** Yes

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

THE GASTON LAW FIRM, P.A.  
10 SE CENTRAL PARKWAY  
450  
STUART, FL 34994 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:** CHRISTOPHER A. GASTON

02/03/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GASTON, CHRISTOPHER A  
Address 10 SE CENTRAL PARKWAY, SUITE  
450  
City-State-Zip: STUART FL 34994

Title AMBR  
Name MONTE CARLO FUTURES, LLC  
Address 6526 S. KANNER HIGHWAY  
SUITE 257  
City-State-Zip: STUART FL 34997

Title AUTHORIZED MEMBER  
Name URGENT CARE ASSOCIATES, INC.  
Address 3276 NE CATAMARAN TERRACE  
City-State-Zip: JENSEN BEACH FL 34957

*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:** CHRISTOPHER A. GASTON

MGR

02/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date