

2016 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

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GASTON AND MENTOR, PLLC
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:

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 10 SE CENTRAL PARKWAY, SUITE
450
City-State-Zip: STUART FL 34994

Title AMBR
Name WELLFLEET MANAGEMENT, LLC
Address 10 SE CENTRAL PARKWAY, SUITE
450
City-State-Zip: STUART FL 34994

Title AUTHORIZED MEMBER
Name URGENT CARE ASSOCIATES, INC.
Address 3810 NE KESTREL DRIVE
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: KAREN P. MENTOR

SECRETARY

05/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date