

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Feb 27 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # G66615 (7)**  
1. Corporation Name  
**BRADENTON WALK-IN MEDICAL CENTER, INC.**



Principal Place of Business  
**4805 26TH ST. W.  
BRADENTON FL 34207  
US**

Mailing Address  
**4805 26TH ST. W.  
BRADENTON FL 34207  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/26/1983</b>	
21		26		4. FEI Number <b>59-2333911</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>TRIGUEIRO, CRAIG A. 4805 26TH ST. W. BRADENTON FL 34207</b>				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Craig A. Trigueiro* DATE: **2-21-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<b>PDV TRIGUEIRO, CRAIG A.</b>	1.2 NAME	
STREET ADDRESS	<b>4805 26TH ST. W.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	1.4 CITY-ST-ZIP	
	<b>TS</b>	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<b>TRIGUEIRO, CRAIG A.</b>	2.2 NAME	
STREET ADDRESS	<b>4805 26TH ST. W.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	2.4 CITY-ST-ZIP	
		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: *Craig A. Trigueiro* **2-21-98 (41) 753-7843**

CR2E034 (10/97)