## 2005 FOR PROFIT CORPORATION

## Apr 14, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # G66615 1. Entity Name BRADENTON WALK-IN MEDICAL CENTER, INC. Principal Place of Business Mailing Address 4805 26TH ST. W. 4805 26TH ST. W. BRADENTON, FL 34207 US BRADENTON, FL 34207 HS 01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2333911 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRIGUEIRO, CRAIG A. DO NOT WRITE 4805 26TH ST. W. BRADENTON, FL 34207 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE TRIGUEIRO, CRAIG A. U00000305846 04/14/05-80100-002 500.00 4805 26TH ST. W. STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34207 SITLE TRIGUEIRO, CRAIG A. NAME STREET ADDRESS 4805 26TH ST. W. BRADENTON, FL 34207 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CMY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

FILED