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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J18694

(6)

AFFILIATED URGENCY CARE CENTERS, INC.

FILED Apr 21 1998 8:00am Secretary of State

	ATTIENTED OIT	GENOT ONTE OFF	11610, 1110.								
Principal Place of Business Mailing Address							]		1 Biğil Bi	811 41911 61811 1081	
	8000 SW 67TH AVE MIAMI FL 33143 US		11030 N KENDALL DR SUITE 200 MIAMI FL 33176-1220 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/10/1986					
2. Principal Place of Business			2a. Mailing Address				4.	FEI Number		Applied For	
21			26					59-2688763		Not Applicable	
22	Suite, Apt. #, etc.		Suite, Apt. W. etc.				5.	Certificate of Status Desired		.75 Additional ee Required	
23	City & State		City & State			6.	Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees		
24	Zıp	Country 25	Zip	Country 30			В.	This corporation owes or has paid the cu Personal Property Tax due June 30.	rent ye Yes		
9. Name and Address of Current Registered Agent SILVER, THEODORE J.							10. Name and Address of New Registered Agent				
						Name					
SUITE 200					62	Street Addre	ress (P.O. Box Number is Not Acceptable)				
					83						
					84	City		FL	85	Zip Code	
1	office or registered as	pent, or both, in the State	2 and 607,1508, Florida Statu of Florida, Such change was aligns of Section 607,0505, F	authorized	Ιbν	the corporation	ratio n's b	on submits this statement for the purpose of board of directors. I hereby accept the app	i chang xointme	ging its registered int as registered	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-namined corporation submits his 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

	Signature, typed or printed name or registered agent and this it alphicable	(NOTE FR	Allegan undant sichistors	equied with the installing/	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	DELETE	1.1 TITLE	Change	Addition
NAME	BURAK, BARRY N.		1.2 NAME		
STREET ADDRESS	7578 SW 96TH COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1,4 CITY-ST-ZIP		
TITLE		DELÉTÉ	2.1 TITLE	Change	☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE		) DELETE	61 TITLE	☐ Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY_61_2ID	_		64 CITY-ST-7IP		

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 chapter 607 or not attachment with a produces.

SIGNATURE:X

DR: BORRY N. Buret 4/14/98 6669656