


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90232 007 ****70.00

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1. Entity Name
URGENT, INC.



Principal Place of Business
 1600 NW 3RD AVE
 BLDG D
 MIAMI, FL 33136

Mailing Address
 PO BOX 013047
 MIAMI, FL 33101 US

94061144



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03302004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
65-0516506

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRESPO, HENRY SR 219 NW 14TH TERR MIAMI, FL 33136		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete CRESPO, HENRY 219 NW 14 TERR MIAMI, FL 33136	TITLE (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Louise Jones 1927 NW 5th Place MIAMI, FL 33136
TITLE TD	<input type="checkbox"/> Delete HORTON, DENNIS 22001 SW 116TH AVE. MIAMI, FL 33170	TITLE C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dennis Horton 434 NW 7th Ave. Homestead, FL 33030
TITLE CD	<input checked="" type="checkbox"/> Delete MONTEIRO, RUTH 4051 CORAL SPRINGS DR. CORAL SPRINGS, FL 33065	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jeanette Stanley 25034 SW 129 Path Princeton FL 33032
TITLE M	<input type="checkbox"/> Delete NELSON, SALIHA A 219 NW 14 TER MIAMI, FL 33136	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Orphe 4799 NW 7th Ave. Suite B MIAMI FL 33127
TITLE D	<input type="checkbox"/> Delete REED, ROSA D 11619 GRAN MERE CT. RIVERSIDE, CA 92053	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kendrick Whittle, P.A 19 W. Flagler St. Suite 605 MIAMI FL 33130
TITLE SD	<input type="checkbox"/> Delete WILLIAMS, PATRICK A 760 NW 95TH ST., #224 MIAMI, FL 33150	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Patrick Williams 760 NW 95th St. #224 MIAMI, FL 33150

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 617, 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.

SIGNATURE:  **SALIHA NELSON** **4-20-04** **305-573-8217**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #