2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001986

Entity Name: URGENT, INC.

FILED Mar 23, 2009 Secretary of State

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Current Principal Place of Business:		New Principal Place of Business:
1600 NW	3RD AVE	
BLDG D MIAMI, FL	. 33136	
Current N	Nailing Address:	New Mailing Address:
PO BOX 0 MIAMI, FL		1600 NW 3RD AVE BLDG D MIAMI, FL 33136
FEI Number	r: 65-0516506 FEI Number Applied For (() FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	d Address of Current Registered Age	ent: Name and Address of New Registered Agent:
219 NW 1- MIAMI, FL		or the purpose of changing its registered office or registered agent, or be
	e of Florida.	of the purpose of changing its registered office of registered agent, of bi
SIGNATUI	RE:	
	Electronic Signature of Registere	ed Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC
Title: Name: Address: City-St-Zip:	P () Delete CRESPO, HENRY 219 NW 14 TERR MIAMI, FL 33136	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	C () Delete HORTON, DENNIS 434 NW 7TH AVENUE HOMESTEAD, FL 33030	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete STANLEY, JEANETTE 25034 SW 129 PATH PRINCETON, FL 33032	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	M () Delete NELSON, SALIHA A 12451 SW 125TH ST MIAMI, FL 33186	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete LAPCIUC, MARCOS 4900 PINE TREE DRIVE MIAMI BEACH, FL 33140	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY CRESPO P 03/23/2009