

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029892

FILED
Jan 16, 2005
Secretary of State

Entity Name: EXPRESS WALK-IN MEDICAL CENTER, INC.

Current Principal Place of Business:

566 SE 15TH AVE
BOYNTON BEACH, FL 33435

New Principal Place of Business:

2415 QUANTUM BOULEVARD
BOYNTON BEACH, FL 33426

Current Mailing Address:

566 SE 15TH AVE
BOYNTON BEACH, FL 33435

New Mailing Address:

2415 QUANTUM BOULEVARD
BOYNTON BEACH, FL 33426

FEI Number: 65-0993585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUZMAN, DAVID
566 SE 15TH AVE
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

GUZMAN, DAVID DR MD
4744 NW 96 DRIVE
CORAL SPRINGS, FL 33076 US

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.

SIGNATURE: DAVID GUZMAN

01/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: GUZMAN, DAVID DR MD
Address: 11190 RED HAWK ST
City-St-Zip: PLANTATION, FL 33424

Title: VS () Delete
Name: DENOBRIGA, JACQUELINE DR MD
Address: 7604 NW 70TH WAY
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: GUZMAN, DAVID DR MD
Address: 4744 NW 96 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PT/DAVID GUZMAN

DR

01/16/2005

Electronic Signature of Signing Officer or Director

Date