

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000101483

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: ISLAND URGENT CARE, INC.

Current Principal Place of Business:

110 SOUTH COURTENAY PARKWAY
SUITE 105
MERRITT ISLAND, FL 32952

Current Mailing Address:

4060 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952

New Principal Place of Business:

110 S COURTENAY PKWY
SUITE 105
MERRITT ISLAND, FL 32952

New Mailing Address:

4060 S. TROPICAL TRAIL
MERRITT ISLAND, FL 329526221

FEI Number: 59-3682552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KANCILIA, JOHN R ESQ
1800 W. HIBSCUS, SUITE 138
MELBOURNE, FL 32901

Name and Address of New Registered Agent:

KANCILIA, JOHN R ESQ
1800 W. HIBSCUS BLVD
SUITE 138
MELBOURNE, FL 32901

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:

05/01/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: NADITZ, KENNETH J MD
Address: 4060 SOUTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: NADITZ, KENNETH J MD
Address: 4060 S TROPICAL TRL
City-St-Zip: MERRITT ISLAND, FL 329526221

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: KENNETH J. NADITZ, MD

DPST

05/01/2002

Electronic Signature of Signing Officer or Director

Date