2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2008
Secretary of State

DOCUMENT# P06000150841

Entity Name: COMMUNITY MED & URGENT CARE, INC.

Current Principal Place of Business:

1655 E OAKLAND PARK BLVD
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

1655 E OAKLAND PARK BLVD
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 83-0469423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEREY, ALEXANDRA
1655 E OAKLAND PARK BLVD
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

DEL REY, ALEXANDRA PD
1655 E OAKLAND PARK BLVD
OAKLAND PARK, FL 33334 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: ALEXANDRA DEL REY 01/13/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DEL REY, ALEXANDRA
Address: 1655 E OAKLAND PARK BLVD
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DEL REY, ALEXANDRA PD
Address: 1655 E OAKLAND PARK BLVD
City-St-Zip: OAKLAND PARK, FL 33334

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDRA DEL REY PD 01/13/2008
Electronic Signature of Signing Officer or Director Date