

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000060082

Entity Name: PAVILION URGENT CARE, INC.

FILED
Aug 31, 2012
Secretary of State

Current Principal Place of Business:

3563 PHILIPS HIGHWAY
BUILDING A, SUITE 101
JACKSONVILLE, FL 32207

New Principal Place of Business:

3563 PHILIPS HIGHWAY
BUILDING A, SUITE 101
JACKSONVILLE, FL 32207 UN

Current Mailing Address:

841 PRUDENTIAL DRIVE
SUITE 1802
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 30-0571635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY GRANGER, ESQ.
841 PRUDENTIAL DRIVE
SUITE 1802
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP
Name: GREENE, HUGH
Address: 841 PRUDENTIAL DRIVE, SUITE 1802
City-St-Zip: JACKSONVILLE, FL 32207

Title: DV
Name: WILBANKS, JOHN F
Address: 841 PRUDENTIAL DRIVE, SUITE 1802
City-St-Zip: JACKSONVILLE, FL 32207

Title: DV
Name: LUKASZEWSKI, MICHAEL
Address: 841 PRUDENTIAL DRIVE, SUITE 1802
City-St-Zip: JACKSONVILLE, FL 32207

Title: DV
Name: MALLY, EARL
Address: 841 PRUDENTIAL DRIVE, SUITE 1802
City-St-Zip: JACKSONVILLE, FL 32207

Title: S
Name: GRANGER, HARVEY
Address: 841 PRUDENTIAL DRIVE, SUITE 1802
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: HARVEY GRANGER

S

08/31/2012

Electronic Signature of Signing Officer or Director

_____ Date