

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013297

FILED
Apr 30, 2008
Secretary of State

Entity Name: DOCTORS R US WALK-IN CLINIC, INC.

Current Principal Place of Business:

6821 W. HILLSBOROUGH AVE.
SUITE 19
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

6821 W. HILLSBOROUGH AVE.
SUITE 19
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-3555807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADORNO, GIL
6821 W. HILLSBOROUGH AVE.
SUITE 19
TAMPA, FL 33634 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADORNO, GIL A
Address: 9614 ROYCE DR.
City-St-Zip: TAMPA, FL 33626

Title: V () Delete
Name: ORTEGA, CARMEN
Address: 4613 NORTH EMERALD AVENUE
City-St-Zip: TAMPA, FL 33614

Title: V () Delete
Name: OLIVO, LUIS M
Address: 9614 ROYCE DR.
City-St-Zip: TAMPA, FL 33626

Title: T () Delete
Name: OLIVO, WANDA I
Address: 9614 ROYCE DR.
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

SIGNATURE: GIL ADORNO

PD

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date