

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013297

FILED  
May 01, 2009  
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
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

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date