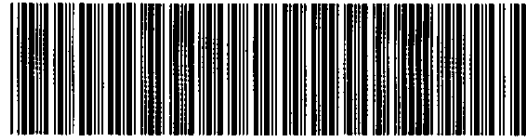


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EXAMINER

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TO: Amendment Section
Division of Corporations

SUBJECT: DOCTORS R US WALK-IN CLINIC, INC
Name of Corporation

DOCUMENT NUMBER: P99000013297

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

KENNETH SHOBOLA
Name of Contact Person

Firm/Company

6821 W HILLSBOROUGH AVE SUITE 19
Address

TAMPA FLORIDA 33634
City/State and Zip Code

ANA@KENNEDEEGLOBAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

INGRID PEREZ at (813) 484-9185
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

