

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Oct 20, 2010  
Secretary of State**

DOCUMENT# P99000013297

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:**

SHOLBOLA, KENNETH O  
6821 W HILSBOROUGH 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SHOBOLA, KENNETH O  
Address: 6821 W HILLSBOROUGH AVE STE 19  
City-St-Zip: TAMPA, FL 33634

Title: V  
Name: SHOBOLA, KENNETH O  
Address: 6821 W HILLSBOROUGH AVE STE 19  
City-St-Zip: TAMPA, FL 33634

Title: S  
Name: SHOBOLA, KENNETH O  
Address: 6821 W HILLSBOROUGH AVE STE 19  
City-St-Zip: TAMPA, FL 33634

Title: MGR  
Name: ACOSTA, ILKA D  
Address: 6821 W HILLSBOROUGH AVE STE 19  
City-St-Zip: TAMPA, FL 33634

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: KENNETH O SHOBOLA

PD

10/20/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date