

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001986

Entity Name: URGENT, INC.

**FILED**  
**Feb 17, 2015**  
**Secretary of State**  
**CC4226935166**

**Current Principal Place of Business:**

1000 NW 1ST AVE.  
SUITE 100  
MIAMI, FL 33136

**Current Mailing Address:**

1000 NW 1ST AVE.  
SUITE 100  
MIAMI, FL 33136 US

**FEI Number: 65-0516506**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CRESPO, HENRY SR.  
219 NW 14TH TERR  
MIAMI, FL 33136 US

*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

**Officer/Director Detail :**

Title VP  
Name NELSON, SALIHA  
Address 11117 SW 79TH AVE  
City-State-Zip: MIAMI FL 33156

Title CHAIRMAN  
Name HORTON, DENNIS  
Address 22330 SW 117 COURT  
City-State-Zip: HOMESTEAD FL 33070

Title S  
Name STANLEY, JEANETTE  
Address 25034 SW 129 PATH  
City-State-Zip: PRINCETON FL 33032

Title D  
Name LEDON, JACQUELINE  
Address 650 OCEAN DRIVE, APT. 5-B  
City-State-Zip: KEY BISCAYNE FL 33149

Title D  
Name LAPCIUC, MARCOS  
Address 4900 PINE TREE DRIVE  
City-State-Zip: MIAMI BEACH FL 33140

Title D  
Name WILLIAMS, PATRICK  
Address P.O. BOX 472634  
City-State-Zip: MIAMI FL 33247

Title DIRECTOR  
Name WILMOTH, WENDELL M  
Address 7900 HARBOR ISLAND DRIVE  
PH 10  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title DIRECTOR  
Name HERNANDEZ, CARIDAD  
Address 3161 DAY AVE.  
City-State-Zip: MIAMI FL 33133

**Continues on page 2**

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

**SIGNATURE: SALIHA NELSON**

**VICE PRESIDENT**

**02/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            CRESPO, HENRY  
Address        219 NW 14 TERRACE  
City-State-Zip: MIAMI FL 33136

Title            DIRECTOR  
Name            DUARTE, EDGAR M  
Address        9200 SW 125 TERRACE  
City-State-Zip: MIAMI FL 33176