

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094139

Entity Name: PROMED WALK-IN CLINIC, INC.

Current Principal Place of Business:

1703 SW 2ND AVENUE
OKEECHOBEE, FL 34974

Current Mailing Address:

1703 SW 2ND AVENUE
OKEECHOBEE, FL 34974

FEI Number: 65-1050474

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNS, CAROL
1703 SW 2ND AVE
OKEECHOBEE, FL 34974 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 P
Name JOHNS, CAROL L
Address 1703 SW 2ND AVE
City-State-Zip: OKEECHOBEE FL 34974

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: CAROL JOHNS

P

04/15/2014

Electronic Signature of Signing Officer/Director Detail

Date