SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). CORPORATION FLORIDA DEPARTMENT OF STATE ANNUAL REPORT Katherine Harris 1999 Secretary of State DIVISION OF CORPORATIONS **DOCUMENT #** 99 JUL 26 PM 2: 15 G03540 IMMEDIATE CARE CENTERS, INC. Principal Place of Business 9815 SOUTH ORANGE BLOSSOM TR Mailing Address ORLANDO FL 32837-8917 2531 BOGGY CREEK RD. KISSIMMEE FL 34744 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Date incorporated or Qualified 2a. Mailing Address 21 10/07/1982 26 2551 oggy Cralld Suite, Apt. #, etc. 59-2439606 Applied For City & State 27 Not Applicable 5. Certificate of Status Desired \$8.75 Additional 23 City & State Fee Required Zip 28 6. Election Campaign Financing 24 Trust Fund Contribution \$5.00 May Be Zip 25 Country 8. This corporation owes the current year Added to Fees 29 9. Name and Address of Current Registered Agent 30 Intangible Personal Property Yes PALAZZOLO, ARLENE 10. Name and Address of New Registered Agent 81 Name 9815 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32837 Street Address (P.O. Box Number is Not Acceptable) 82 83 Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE 12. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS TITLE P 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DATE NAME PALAZZOLO, ARLEN DELETE 1 1 TITLE STREET ADDRESS 2880 BORINGUIN DRIVE 300002952120000 1.2 NAME CITY-ST-ZIP KISSIMMEE FL -08/06/99--01061--018 1.3 STREET ADDRESS TITLE ****150.00 ****150.00 1.4 CITY-ST-ZIP NUME GONZALES, PEDRO DELETE 21 TITLE STREET ADDRESS KINGSROW 22 NAME Change Addition CITY-ST-2IP KISSIMMEE FL 2.3 STREET ADDRESS TITLE 24 CITY-ST-ZIP MME GAUCHAT, DIANA L DELETE 3.1 TITLE STREET ADDRESS 2930 BORINQUEN DR. 3 2 NAME Change Addition OTTY-ST-ZIP KISSIMMEE FL 3.3 STREET ADDRESS TITLE 3.4 CITY-ST-ZIP NAME DATOR, ROMULDO DELETE 4.1 TITLE STREET ADDRESS 4531 LAKE TRUDY 4.2 NAME Change Addition TY-ST-ZIP ST. CLOUD FL 4.3 STREET ADDRESS TILE 4.4 CITY-ST-ZIP ME DELETE 5 1 TITLE TREET ADDRESS 5 2 NAME Change Addition ST-ZXP 53 STREET ADDRESS TLE 5.4 CITY-ST-ZIP 4 DELETE 6.1 TITLE REETADDRESS 6.2 NAME Change Addition Y-81-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am Block 12 or Block 13 if changed, o or an attachment with an address. 6.3 STREET ADDRESS

OCOEE FAMILY MEDICAL CENTER



LAKEPOINT FAMILY MEDICAL CENTER

FIRST AID FAMILY MEDICAL CENTER

BUL FAMILY MEDICAL CENTER

REGENCY FAMILY MEDICAL CENTER

2551 Boggy Creek Road, Kissimmee, FL 34744

June 30, 1999

To Whom It May Concern:

On February 23, 1998, our main Medical Center was hit by a tornado. The Business Office was demolished, thus many of our payables were either blown away or soaked. We did manage to locate four of our Annual Reports and these were paid in late March. We were not aware of missing some of our Annual Reports as we were cleaning up, paying bills and training a new bookkeeper.

We only learned of the missing payments on this date when we received the 2nd Notice in the mail. As such, we are enclosing the \$150.00, requesting this be accepted in view of the above. Your cooperation in this matter is appreciated.

Cordially

Diana S. Gauchat CEO/Director

Enclosure (1)

DSG:caf