

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G03540

Entity Name: IMMEDIATE CARE CENTERS, INC.

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

9815 SOUTH ORANGE BLOSSOM TR.
ORLANDO, FL 328378917

New Principal Place of Business:

Current Mailing Address:

2551 BOGGY CREEK RD.
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 59-2439606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALAZZOLO, ARLENE
9815 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PALAZZOLO, ARLEN,
Address: 2880 BORINQUIN DRIVE
City-St-Zip: KISSIMMEE, FL

Title: VP () Delete
Name: GONZALES, PEDRO,
Address: KINGSROW
City-St-Zip: KISSIMMEE, FL

Title: VP () Delete
Name: GAUCHAT, DIANA,
Address: 2930 BORINQUEN DR.
City-St-Zip: KISSIMMEE, FL

Title: T () Delete
Name: DATOR, ROMULDO,
Address: 4531 LAKE TRUDY
City-St-Zip: ST. CLOUD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DIANA S GAUCHAT

VP

04/20/2005

Electronic Signature of Signing Officer or Director

Date