

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90378 036 \*\*\*150.00

**DOCUMENT # G03540**

**1. Entity Name**  
**IMMEDIATE CARE CENTERS, INC.**



**Principal Place of Business**  
**9815 SOUTH ORANGE BLOSSOM TR.**  
**ORLANDO FL 32837-8917**

**Mailing Address**  
**2551 BOGGY CREEK RD.**  
**KISSIMMEE FL 34744**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-2439606**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PALAZZOLO, ARLEN</b>	
STREET ADDRESS	<b>2880 BORINQUIN DRIVE</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALES, PEDRO</b>	
STREET ADDRESS	<b>KINGSROW</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GAUCHAT, DIANA</b>	
STREET ADDRESS	<b>2930 BORINQUEN DR.</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DATOR, ROMULDO</b>	
STREET ADDRESS	<b>4531 LAKE TRUDY</b>	
CITY-ST-ZIP	<b>ST. CLOUD FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like employed.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/14/03**

**407-944-1098**

Daytime Phone #

CR2E034 (10/02)