

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006676

FILED  
Apr 07, 2005  
Secretary of State

**Entity Name:** AMERICAN ACADEMY OF URGENT CARE MEDICINE, INC.

**Current Principal Place of Business:**

7512 DR. PHILLIPS BLVD., STE. 50-324  
ORLANDO, FL 32819

**New Principal Place of Business:**

2813 S. HIAWASSEE RD.  
SUITE 206  
ORLANDO, FL 32835 US

**Current Mailing Address:**

7512 DR. PHILLIPS BLVD., STE. 50-324  
ORLANDO, FL 32819

**New Mailing Address:**

2813 S. HIAWASSEE RD.  
SUITE 206  
ORLANDO, FL 32835 US

**FEI Number:** 59-3556173

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RITUCCI, FRANZ JR.M.D.  
7512 DR. PHILLIPS BLVD., STE. 50-324  
ORLANDO, FL 32819 US

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

RITUCCI, JR, FRANZ M.D.  
2813 S. HIAWASSEE RD.  
SUITE 206  
ORLANDO, FL 32835 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: FRANZ RITUCCI, JR, M.D.

04/07/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RITUCCI, FRANZ M.D.  
Address: 7512 DR. PHILLIPS BLVD., STE. 50-324  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: EARLY, CAROLE M.D.  
Address: 7512 DR. PHILLIPS BLVD., STE. 50-324  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: MARTINEZ, ANTHONY M.D.  
Address: 7512 DR. PHILLIPS BLVD., STE. 50-324  
City-St-Zip: ORLANDO, FL 32819

Title: DR (X) Delete  
Name: TOSCANO, JOSEPH  
Address: 7512 DR. PHILLIPS BLVD, STE 50-324  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: RITUCCI, JR., FRANZ M.D.  
Address: 2813 S. HIAWASSEE RD., SUITE 206  
City-St-Zip: ORLANDO, FL 32835 US

Title: VP (X) Change ( ) Addition  
Name: EARLY, CAROLE M.D.  
Address: 2813 S. HIAWASSEE RD., SUITE 206  
City-St-Zip: ORLANDO, FL 32835 US

Title: VP (X) Change ( ) Addition  
Name: TOSCANO, JOSEPH M.D.  
Address: 2813 S. HIAWASSEE RD., SUITE 206  
City-St-Zip: ORLANDO, FL 32835 US

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

SIGNATURE: FRANZ RITUCCI, JR., M.D.

PRES

04/07/2005

Electronic Signature of Signing Officer or Director

Date