

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006676

**FILED
Apr 20, 2007
Secretary of State**

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3556173 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: C (X) Change () Addition
Name: KLEIN, GARY M 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 Chapter 119, 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, M.D.

Electronic Signature of Signing Officer or Director

P

04/20/2007

Date