

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 01, 2011
Secretary of State

Entity Name: ACCIDENT & MEDICAL WALK-IN CLINIC, INC.

Current Principal Place of Business:

20205 CORTEZ BLVD.
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

20205 CORTEZ BLVD.
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 59-3644811 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GALBRAITH, BARRY W D.O.
20205 CORTEZ BLVD.
BROOKSVILLE, FL 34601 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
Name: GALBRAITH, BARRY W D.O.
Address: 20205 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34601

Title: S
Name: GALBRAITH, PATRICIA A
Address: 20205 CORTEX BLVD.
City-St-Zip: BROOKSVILLE, FL 34601

I hereby 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 all other like empowered.

SIGNATURE: BARRY W. GALBRAITH, D.O. _____

Electronic Signature of Signing Officer or Director

PRES

02/01/2011

_____ Date