

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043852

FILED
Feb 27, 2008
Secretary of State

Entity Name: PALM HARBOR PEDIATRIC URGENT CARE, P.A.

Current Principal Place of Business:

36458 US HWY 19N
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 0824
PALM HARBOR, FL 34682 US

New Mailing Address:

P.O. BOX 0824
PALM HARBOR, FL 34684 US

FEI Number: 59-3651108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARAMARA, LUIS
36458 US HWY 19
PALM HARBOR, FL 34684 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: MARAMARA, LUIS
Address: P.O. BOX 824
City-St-Zip: PALM HARBOR, FL 34682

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARAMARA, LUIS
Address: P.O. BOX 824
City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS MARAMARA

MR

02/27/2008

Electronic Signature of Signing Officer or Director

Date