## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## May 02, 2007 8:00 am Secretary of State **DOCUMENT # P00000092782** 05-02-2007 90088 039 \*\*\*158.75 E R URGENT CARE MANAGEMENT CO., INC. Principal Place of Business Mailing Address 5535 MEMORIAL HIGHWAY 5535 MEMORIAL HIGHWAY TAMPA, FL 33634 TAMPA, FL 33634 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 65-1050592 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, JERRY Street Address (P.O. Box Number is Not Acceptable) 700 IVES DAIRY ROAD NORTH MIAMI BEACH, FL 33179 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE Delete TITLE □ Change ☐ Addition RISHTY, BRUCE NAME NAME STREET ADDRESS 700 IVES DAIRY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NORTH MIAMI BEACH, FL 33179 DIR ☐ Addition TITLE TITLE ☐ Change A Delete MILLER, JERRY MARKE NAME 700 IVES DAIRY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delele TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 wiff

CITY-ST-ZIP

**SIGNATURE:** 

CfFY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

FILED