## FOR PROFIT CORPORATION

**UNIFORM BUSINESS REPORT (UBR) DOCUMENT#** P01000040570

1. Entity Name

**FILED** May 14, 2002 8:00 am Secretary of State

05-14-2002 90338 042 \*\*\*150.00

DO NOT WRITE IN THIS SPACE					ļ		
						657709	
2. Principal Place of Business 3197 North State Road 7  3. Mailing Address 3197 North							
3197 North State Road 7 3197 North S Suite, Apt. #, etc. Suite, Apt. #, etc.			tate Ro	pad 7			•
						DO NOT WRITE IN THIS SPACE	
City & State Margate, Florida		City & State Margate, Florida		4	4. FEI Number 65-1106368 Applied F.		
<sup>Zip</sup> 330	063 Country U.S.A.	<sup>Zip</sup> 33063	Cour U.S	ntry .A.		. Certificate of Status Desired	\$8.75 Additional
	-	- <u> </u>			7.	Name and Address of Current Regis	Fee Required
	DO NOT WE	and a mina itom		Name		G. Hock, Esq.	
DO NOT WRITE IN THIS SPACE				Street Address		(P.O. Box Number is Not Acceptable)  2. Kennedy Boulevard	
				<u> </u>			<u> </u>
				Cit	Suite 41	00	
9 Thombs				City_	Tampa		FL Zip Code 33602
o. The above	e named entity submits this statement for t	he purpose of changing it	s registere	ed office o	or registered a	igent, or both, in the State of Florida.	1 33002
SIGNATURE							
	Signature, typed or printed name of registered agent and	title if applicable. (NO	TE: Registered	t. Agent signa	ture required when	reinstating) DA	TE
9. This corp	poration is eligible to satisfy its Intangible	January 1 - I	Vlay 1 Fe	e is \$15	0.00		
Tax filing (See crite	requirement and elects to do so. eria on back)	After May Amende	d UBR is	\$61.25	*	10. Election Campaign Financing	_ \$5.00 мау Ве
11.		Make Check Paya	ble to De	partmen	t of State	Trust Fund Contribution.	Added to Fees
TITLE	OFFICERS AND DIF	RECTORS			1		
NAME.	Jamie L. Blackwell		TUILE NAME		1		
STREET ADDRESS CITY-ST-ZIP	3404 Bridge Road			ADDRESS	,		
TITLE	Cooper City, Florida 33026		CITY	T-ZIP		<u> </u>	
NAME	AS Ronald G. Hock		THLE	5			
STREET ADDRESS	101 E. Kennedy Blvd, Suite 410	00	NAME STREFT	ADDRESS			,
CITY-ST-ZIP	Tampa, Florida 33602-5152		CITY-S	I,		•	
TITLE NAME	_		TITLE		<u></u>		
STREET ADDRESS			NAME			*	
CITY-ST-ZIP			CITY-S	ADDRESS!		DO NOT WR	ITE
TITLE			TITLE				
NAME STREET ADDRESS			NAME	h l		IN THIS SPA	CE
CITY-ST-ZIP				ADDRESS.			
TITLE			CITY-ST	-ZIP	*		
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STREET ADDRESS CITY-ST-ZIP			STREET A	l'			
TITLE	······································		CITY-ST	ZIP å	<del></del>		
NAME			TITLE	· Promise			
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STREET ADDRESS			NAME STREET A	DDRESS			

Thereby certify that the information supplied with this filing does not qualify 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald G. Hock, Asst Sec., May 6, 2002 (813) 222-8700

201000040570 Ward, K VAN EEPOEL TELEPHONE: (813) 222-8700 PROFESSIONAL ASSOCIATION FACSIMILE: (813) 222-8701 ATTORNEYS AT LAW

CHARLES H. CARVER LINDA H. DUPUIS BRET HAMLIN MELANIE J. HANCOCK R. REID HANEY RONALD G. HOCK LAURIE L. PUCKETT KIRSTEN L. REKART ROGER J. ROVELL R. DENNIS TWEED AUGUST M. VAN EEPOEL

4100 BANK OF AMERICA PLAZA 101 EAST KENNEDY BOULEVARD TAMPA, FLORIDA 33602-5152

PLEASE REPLY TO: TAMPA, FLORIDA 33601-0071

> WRITER'S DIRECT LINE AND E-MAIL: (813) 222-8737 fvalor@kwlaw.com

ALTON C. WARD

May 6, 2002

Florida Department of State Division of Corporation 409 East Gaines Street Tallahassee, Florida 32399

Attn: New Filings Section

Re: Pediatric Urgent Care Centers, Inc. Corp. Number: P01000040570

Dear Sir/Madam:

Enclosed is the Uniform Business Report ("UBR") for the above captioned corporation and a check in the amount of \$150.00, representing the applicable filing fee for the UBR and by this letter, we further request a waiver to the applicable late fee as indicated below.

The entity's initial principal address is this firm's office and such, we also serve as the principal address for several other entities for which we have always received the UBR.

Therefore, since we have no record of ever receiving the UBR, we respectfully request that your office waive the applicable late fee and proceed to accept the payment of the standard fee and file the enclosed Uniform Business Report for the above captioned corporation as enclosed herein.

We would appreciate an affirmative reply to this request and ask that you contact the undersigned at (813) 222-8737, should you have any questions.

We thank you in advance for your prompt attention to this matter

isco Valor. Legal Assistant

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cc: Ronald G. Hock, Esq. Jamie L. Blackwell

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