

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000108270

1. Entity Name
HOMESTEAD URGENT CARE PHYSICIANS, INC.



Principal Place of Business
7700 NORTH KENDALL DRIVE STE 405
MIAMI, FL 33156

Mailing Address
7700 NORTH KENDALL DRIVE STE 405
MIAMI, FL 33156

FILED
Jan 19, 2005 08:00 AM
Secretary of State



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3756827

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEITMAN, LORN
7700 NORTH KENDALL DRIVE STE 405
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME LEITMAN, LORN
STREET ADDRESS 7700 NORTH KENDALL DRIVE STE 405
CITY-ST-ZIP MIAMI, FL 33156

TITLE DS
NAME NATEMAN, DAVID R
STREET ADDRESS 8900 NORTH KENDALL DRIVE STE 405
CITY-ST-ZIP MIAMI, FL 33179

TITLE DT
NAME MEDINA, FRANCISCO
STREET ADDRESS 7700 NORTH KENDALL DRIVE STE 405
CITY-ST-ZIP MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000185813
01/21/05-80030-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 with an address, with all other like empowered.

SIGNATURE: [Signature] (Lorn Leitman) 1/19/05 305-279-8449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #