

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90040 040 ***150.00

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

2. Principal Place of Business
8660 W. FLAGLER ST
Suite, Apt. #, etc.
#200

3. Mailing Address
8660 W. FLAGLER ST
Suite, Apt. #, etc.
#200

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33144

Country
USA

Zip
33144

Country
USA

01102006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3756827

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
LORN LEITHAN
Street Address (P.O. Box Number is Not Acceptable)
8660 W. FLAGLER ST
#200
City
MIAMI FL Zip Code
33144

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
8660 W. FLAGLER ST, #200
MIAMI FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/06 305-222-5726