

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059517

FILED
Jan 06, 2004
Secretary of State

Entity Name: BIERUT DAREN FAMILY MEDICINE WALK-IN CENTER, INC.

Current Principal Place of Business:

10308 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

10308 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 01-0701311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAREN, ROBERT
4941 NW 65TH AVENUE
LAUDERHILL, FL 33319

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: D () Delete
Name: DAREN, ROBERT
Address: 4941 NW 65TH AVENUE
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: BIERUT-DAREN, PATRICIA
Address: 4941 NW 65TH AVENUE
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT DAREN

D

01/06/2004

Electronic Signature of Signing Officer or Director

Date