

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059517

**FILED**  
**Jan 16, 2009**  
**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  
1445 VICTORIA ISLE DRIVE  
WESTON, FL 33327 US

**Name and Address of New Registered Agent:**

DAREN, ROBERT  
10308 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

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:**

01/16/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DAREN, ROBERT  
Address: 1445 VICTORIA ISLE DRIVE  
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete  
Name: BIERUT-DAREN, PATRICIA  
Address: 1445 VICTORIA ISLE DRIVE  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DAREN, ROBERT  
Address: 10308 W. SAMPLE ROAD  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D (X) Change ( ) Addition  
Name: BIERUT-DAREN, PATRICIA  
Address: 10308 W. SAMPLE ROAD  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

MR.

01/16/2009

Electronic Signature of Signing Officer or Director

Date