

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000059517

**FILED**  
**Jan 05, 2012**  
**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  
10308 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT DAREN

D

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date