

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90004 003 \*\*\*150.00

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01122006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P02000115651</b> 1. Entity Name <b>PHYSICIANS WALK-IN CLINIC, INC.</b>					
Principal Place of Business <b>1953 PASSERO AVE LUTZ, FL 33559</b>			Mailing Address <b>100 W KENNEDY BLVD SUITE 650 TAMPA, FL 33602</b>		
2. Principal Place of Business <b>24420 State Rd. 54</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Lutz, FL</b> Zip		City & State Suite, Apt. #, etc.		4. FEI Number <b>04-3719633</b>	
<b>33559</b>		Country <b>Pasco</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILLET, THOMAS K 100 W. KENNEDY BLVD., STE 650 TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent  Name <b>Willet, Thomas K</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 W. Kennedy Blvd., Ste 650</b>  City <b>Tampa</b>	
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.				Zip Code <b>FL 33602</b>	
SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <b>1/19/2006</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>WILLET, THOMAS K 4802 N RIVER BLVD TAMPA, FL 33603</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Willet, Thomas K 100 W. Kennedy Blvd., Ste. 650 Tampa, FL 33602</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>WILLET, R. MARK 2823 LUTZ-LAKE FERN RD LUTZ, FL 33558</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Willet, R. Mark 1927 Passero Ave. Lutz, FL 33559</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <b>1/19/2006</b> Daytime Phone #: <b>813 229-0600</b>					