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FILED
Aug 26, 2004 8:00 am
Secretary of State
08-11-2004 90004 020 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000005800

1. Entity Name
SOUTH FLORIDA URGENT CARE ASSOCIATES, INC.

66432605

Principal Place of Business	Mailing Address
1840 W. 49TH ST. STE 103 HIALEAH, FL 33012	1840 W. 49TH ST. STE 103 HIALEAH, FL 33012

08052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 47-0905371 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERNANDEZ, LIZETTE 1840 W. 49TH ST. STE 103 HIALEAH, FL 33012	Name Lopez, Mercedes Street Address (P.O. Box Number is Not Acceptable) 1840 W. 49 ST Suite 103 City Hialeah FL Zip Code 33012

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: Mercedes Lopez 08-09-04
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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FERNANDEZ, LIZETTE 1840 W. 49TH ST. STE 103 HIALEAH, FL 33012	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lopez, Mercedes 1840 W 49 ST STE 103 Hialeah, FL. 33012	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LOPEZ, MERCEDES 1840 W. 49TH ST. STE 103 HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Felipe Oliva 1840 W 49 ST STE 103 Hialeah, FL. 33012	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RODRIGUEZ, ANA E 1840 W. 49TH ST. STE 103 HIALEAH, FL 33012	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Jaime J. Rodriguez 1840 W. 49 ST STE 103 Hialeah, FL. 33012	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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 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: Mercedes Lopez 08-09-04 (786)251 8290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #