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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

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

08052004 Chg-P CR2E034 (10/03)

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 resigning) 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	PD ☑ Delete	TITLE	PD ☑ Change ~~☐ Addition~~
NAME	FERNANDEZ, LIZETTE	NAME	Lopez, Mercedes
STREET ADDRESS	1840 W. 49TH ST. STE 103	STREET ADDRESS	1840 W 49 ST STE 103
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	Hialeah, FL. 33012
TITLE	VD ☐ Delete	TITLE	VD ☐ Change ☑ Addition
NAME	LOPEZ, MERCEDES	NAME	Felipe Oliva
STREET ADDRESS	1840 W. 49TH ST. STE 103	STREET ADDRESS	1840 W 49 ST STE 103
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	Hialeah, FL. 33012
TITLE	TD ☑ Delete	TITLE	TD ☐ Change ☑ Addition
NAME	RODRIGUEZ, ANA E	NAME	Jaime J. Rodriguez
STREET ADDRESS	1840 W. 49TH ST. STE 103	STREET ADDRESS	1840 W. 49 ST STE 103
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	Hialeah, FL. 33012.
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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) 257 8290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #