2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015073

FILED
Jan 05, 2005
Secretary of State

Entity Name: LAKE MARY WALK-IN MEDICAL CENTER, INC.

Current Principal Place of Business:

870 S SUN DRIVE SUITE 1030
LAKE MARY, FL 32746

New Principal Place of Business:

870 S SUN DRIVE
1030
LAKE MARY, FL 32746

Current Mailing Address:

870 S SUN DRIVE SUITE 1030
LAKE MARY, FL 32746

New Mailing Address:

870 S SUN DRIVE
1030
LAKE MARY, FL 32746

FEI Number: 22-3894094   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

APPLETON, MICHAEL J
3117 EDGEWATER DRIVE
ORLANDO, FL 32804   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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D ( ) Delete
Name:	HOPKINS, S. MARCUS MD
Address:	870 S SUN DRIVE SUITE 1030
City-St-Zip:	LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DR. (X) Change ( ) Addition
Name:	HOPKINS, S. MARCUS MD
Address:	870 S SUN DRIVE SUITE 1030
City-St-Zip:	LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAMUEL MARCUS HOPKINS   DR.   01/05/2005

           Electronic Signature of Signing Officer or Director   Date