2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# P04000032958

Entity Name: EXCEPTIONAL URGENT CARE CENTER I, INC.

Current Principal Place of Business:

17820 SE 109TH AVE
SUITE 108
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

7722 SE 12TH CIRCLE
OCALA, FL 34480

New Mailing Address:

17820 SE 109TH AVE
SUITE 108
OCALA, FL 34491

FEI Number: 20-0760917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IM, JOHN J
7722 SE 12TH CIRCLE
OCALA, FL 34480 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: IM, JOHN J
Address: 7722 SE 12TH CIRCLE
City-St-Zip: OCALA, FL 34480

Title: D ( ) Delete
Name: SANON, REGINALD
Address: 3240 SW 34TH ST #711
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOHN IM D 07/03/2006

Electronic Signature of Signing Officer or Director — Date