

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000032958

FILED  
Jun 18, 2007  
Secretary of State

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:

17820 SE 109TH AVE  
SUITE 108  
OCALA, FL 34491

## New Mailing Address:

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

## 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 (X) 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 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

06/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date