## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000032958

Entity Name: EXCEPTIONAL URGENT CARE CENTER I, INC.

FILED Mar 30, 2009 Secretary of State

Current Principal Place	e of Business:	New Principal Place	New Principal Place of Business:	
17820 SE 109TH AVE SUITE 108 SUMMERFIELD, FL 34491		11950 CR 101 SUITE 101 THE VILLAGES, FL 3		
Current Mailing Addre	ss:	New Mailing Addres	New Mailing Address:	
17820 SE 109TH AVE SUITE 108 SUMMERFIELD, FL 34491		11950 CR 101 SUITE 101 THE VILLAGES, FL 3		
FEI Number: 20-0760917	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
IM, JOHN J 7722 SE 12TH CIRCLE OCALA, FL 34480 U	S			
The above named entity in the State of Florida.	submits this statement for the p	purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				
Electro	nic Signature of Registered Ag	ent	Date	
Election Campaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIREC	TORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: D ( Name: IM, JOHN J	) Delete	Title: Name:	( ) Change ( ) Addition	

Address:

City-St-Zip:

7722 SE 12TH CIRCLE Address: OCALA, FL 34480 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 J IM D 03/30/2009