2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P04000046704

Entity Name: EZZAT ZAKI, M.D., P.A.

Current Principal Place of Business:

5464 LITHIA PINE CREST RD
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

RISK HAWK URGENT CARE
5464 LITHIA PINECREST ROAD
LITHIA, FL 33547

New Mailing Address:

URGENT CARE USA
5464 LITHIA PINECREST ROAD
LITHIA, FL 33547

FEI Number: 20-1108568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZAKI, EZZAT M.D.
17503 OSPREY MANOR WAY
LITHIA, FL 33547 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: PVST ( ) Delete
Name: ZAKI, EZZAT M.D.
Address: 17503 OSPREY MANOR WAY
City-St-Zip: LITHIA, FL 33547

Title: D ( ) Delete
Name: ZAKI, EZZAT M.D.
Address: 17503 OSPREY MANOR WAY
City-St-Zip: LITHIA, FL 33547

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: EZZAT ZAKI M.D 04/27/2007

Electronic Signature of Signing Officer or Director — Date