

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090137

FILED  
Jan 03, 2006  
Secretary of State

Entity Name: UNITED URGENT CARE CLINICS INC.

## Current Principal Place of Business:

3594 BROADWAY  
SUITE A  
FT. MYERS, FL 33901

## New Principal Place of Business:

## Current Mailing Address:

3594 BROADWAY  
SUITE A  
FT. MYERS, FL 33901

## New Mailing Address:

FEI Number: 06-1728249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PIERRE, WILLIE  
25100 SANDHILL BLVD  
APT. M101  
PUNTA GORDA, FL 33983 US

## Name and Address of New Registered Agent:

PIERRE, WILLIE  
3594 BROADWAY  
STE A  
FORT MYERS, FL 33901 US

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: WILLIE PIERRE

01/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: PIERRE, WILLIE  
Address: 25100 SANDHILL BLVD APT. M101  
City-St-Zip: PUNTA GORDA, FL 33983

Title: VP ( ) Delete  
Name: SEVERE, PASCALE  
Address: 25100 SANDHILL BLVD APT. M101  
City-St-Zip: PUNTA GORDA, FL 33983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PIERRE, WILLIE  
Address: 3594 BROADWAY  
City-St-Zip: STE A, FL 33901

Title: VP (X) Change ( ) Addition  
Name: HILL, DONALD A MD  
Address: 3594 BROADWAY  
City-St-Zip: STE A, FL 33901

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: WILLIE PIERRE

P

01/03/2006

Electronic Signature of Signing Officer or Director

Date