

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000110513

1. Entity Name
ER URGENT CARE HOLDINGS, INC.



FILED

07 AUG 20 AM 8:15

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
700 IVES DAIRY ROAD
NORTH MIAMI BEACH, FL 33179

Mailing Address
700 IVES DAIRY ROAD
NORTH MIAMI BEACH, FL 33179



2. Principal Place of Business No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

08032007 Chg-P CR2E034 (12/06)

4. FEI Number
04-2237138

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PIERSON, TOM
700 IVES DAIRY ROAD
NORTH MIAMI BEACH, FL 33179

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete	P RISHTY, BRUCE 700 IVES DAIRY NORTH MIAMI BCH, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☒ Addition	P Mark Solomon 700 Ives Dairy Road North Miami Beach FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	800108834888 08/30/07--01039--002 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mark Solomon Pres.

28/22