2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-23-2007 90051 046 ***150.00
P05000047441

DOCUMENT # P05000047441

1. Entity Name
HIALEAH GARDENS URGENT CARE, INC.

FILED
07 MAY -4 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~18971 SW 37 ST~~
MIRAMAR, FL 33029

Mailing Address
~~18971 SW 37 ST~~
MIRAMAR, FL 33029

2. Principal Place of Business - No P.O. Box #
18971 SW 32nd St.
Suite, Apt. #, etc.

3. Mailing Address
18971 SW 32nd St.
Suite, Apt. #, etc.

04132007 Chg-P CR2E034 (12/06)

City & State
Miramar, FL.
Zip 33029 Country

City & State
Miramar, FL.
Zip 33029 Country

4. FEI Number 34-2042731 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
DELGADO, ANTONIO
~~18971 SW 37 ST~~
MIRAMAR, FL 33029

7. Name and Address of New Registered Agent
Name
18971 SW 32 Street
City Miramar FL Zip Code 33029

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD ☐ Delete
NAME	DELGADO, EVELYN A 3416 W
STREET ADDRESS	3416 W 84 ST #100
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016
TITLE	VPD ☐ Delete
NAME	DELGADO, ANTONIO
STREET ADDRESS	3416 W 84 ST #100
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 4/17/07 (305) 826-9449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #