


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P05000047441</b>			
1. Entity Name <b>HIALEAH GARDENS URGENT CARE, INC.</b>			
Principal Place of Business <b>18971 SW 37 ST MIRAMAR, FL 33029</b>		Mailing Address <b>18971 SW 37 ST MIRAMAR, FL 33029</b>	
2. Principal Place of Business - No P.O. Box # <b>18971 SW 37th St.</b>		3. Mailing Address <b>18971 SW 37th St.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miramar, FL</b>		City & State <b>Miramar, FL</b>	
Zip <b>33029</b>		Zip <b>33029</b>	
Country		Country	
4. FEI Number <b>34-2042731</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DELGADO, ANTONIO 18971 SW 37 ST MIRAMAR, FL 33029</b>		7. Name and Address of New Registered Agent Name <b>18971 SW 37 Street</b> City <b>Miramar</b> FL Zip Code <b>33029</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DELGADO, EVELYN A 3416 W 3416 W 84 ST #100 HIALEAH GARDENS, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DELGADO, ANTONIO 3416 W 84 ST #100 HIALEAH GARDENS, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Edulis</i></u>		Date: <u>4/17/07</u> (305) 826-9449	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	