


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90352 026 \*\*\*150.00

<b>DOCUMENT # P05000047884</b> 1. Entity Name <b>HEATHROW URGENT CARE, INC.</b>					
Principal Place of Business <b>C/O MARC H. AUERBACH 201 S BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131</b>			Mailing Address <b>C/O MARC H. AUERBACH 201 S BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131</b>		
2. Principal Place of Business <i>Heathrow Urgent Care</i> Suite, Apt. #, etc. <i>Suite 1011</i> City & State <i>Lake Mary FL</i> Zip <i>32746</i>			3. Mailing Address <i>Heathrow Urgent Care</i> Suite, Apt. #, etc. <i>Suite 1011</i> City & State <i>Lake Mary FL</i> Zip <i>32746</i>		
4. FEI Number <b>20-2594577</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>AUERBACH, MARC H 201 S BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <i>Lane Phillips</i> Street Address (P.O. Box Numbers Not Acceptable) <i>1125 TOWN PARK AVE</i> Suite <i>1011</i> City <i>Lake Mary</i> <b>FL</b> Zip Code <i>32746</i>		
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 <i>[Signature]</i> DATE <i>3/27/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, LANE <i>MOD</i> 725 BROADOAK LOOP SANFORD, FL 32771		<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			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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"/> 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.					
<b>SIGNATURE:</b> <i>[Signature] Lane Phillips PO</i> <i>3/27/06</i> <i>407 804 9494</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					