

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047884

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** HEATHROW URGENT CARE, INC.

**Current Principal Place of Business:**

HEATHROW URGENT CARE  
STE 1011  
LAKE MARY, FL 32476

**New Principal Place of Business:**

**Current Mailing Address:**

HEATHROW URGENT CARE  
STE 1011  
LAKE MARY, FL 32476

**New Mailing Address:**

**FEI Number:** 20-2594577

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PHILLIPS, LANE  
1125 TOWN PK AVE  
STE 1011  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PHILLIPS, LANE DO  
Address: 725 BROADOAK LOOP  
City-St-Zip: SANFORD, FL 32771

I hereby 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 all other like empowered.

**SIGNATURE:** LANE PHILLIPS

DR.

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date