

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000108283 1. Entity Name ER MEDICAL & URGENT CARE CENTERS, INC.					
Principal Place of Business 11490 QUAIL ROOST DRIVE MIAMI, FL 33157 US			Mailing Address 11490 QUAIL ROOST DRIVE MIAMI, FL 33157 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 03-0581248	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MRM MEDICAL CREDENTIALING SERVICES, INC. 13056 SW 133RD COURT MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 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	P IBARRA, JESUS I P.O. BOX 653811 MIAMI, FL 33265		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP IBARRA, YANSY P.O. BOX 653811 MIAMI, FL 33265		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
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 or other like empowered.					
SIGNATURE: X			J. IBARRA Pres.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/16/06 Daytime Phone # (305) 254-3250		