2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000108283

Entity Name: ER MEDICAL & URGENT CARE CENTERS, INC.

FILED Apr 15, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11490 QUAIL ROOST DRIVE MIAMI, FL 33157 US **Current Mailing Address: New Mailing Address:** 11490 QUAIL ROOST DRIVE MIAMI, FL 33157 FEI Number: 03-0581248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: IBARRA, JESUS 11490 QUAIL ROOST DRIVE MIAMI, FL 33157 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition IBARRA, JESUS I IBARRA, JESUS I Name: Name: P.O. BOX 653811 11490 QUAIL ROOST DRIVE Address: Address: City-St-Zip: MIAMI, FL 33265 US City-St-Zip: MIAMI, FL 33157 US

Title: VΡ Title: VΡ (X) Change () Addition () Delete MONTESINO, YANSY MONTESINO, YANSY Name: Name: P.O. BOX 653811 Address: 11490 QUAIL ROOST DRIVE Address:

MIAMI, FL 33265 MIAMI, FL 33157 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Ρ SIGNATURE: JESUS IBARRA 04/15/2008