2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007
Secretary of State

DOCUMENT# P05000156584

Entity Name: VIP URGENT CARE, INC.

Current Principal Place of Business:

3555 NORTHLAKE BLVD
SUITE 2
PLAM BEACH GARDENS, FL 33403 US

New Principal Place of Business:

3555 NORTHLAKE BLVD
SUITE 2
PALM BEACH GARDENS, FL 33403 US

Current Mailing Address:

3555 NORTHLAKE BLVD
SUITE 2
PLAM BEACH GARDENS, FL 33403 US

New Mailing Address:

3555 NORTHLAKE BLVD
SUITE 2
PALM BEACH GARDENS, FL 33403 US

FEI Number: 20-3849054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, CATHLEEN ESQ.
250 S. CENTRAL BLVD.
SUITE 104-A
JUPITER, FL 33458 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: P ( ) Delete
Name: THOMAS, MATTHEW T
Address: 250 S. CENTRAL BLVD., SUITE 104-A
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MATTHEW THOMAS PRES 03/15/2007

Electronic Signature of Signing Officer or Director Date