

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000050707

FILED  
Aug 07, 2007  
Secretary of State

Entity Name: HEALING URGENT CARE, INC

## Current Principal Place of Business:

4005 NW 114TH AVE., STE. 3  
MIAMI, FL 33178

## New Principal Place of Business:

## Current Mailing Address:

4005 NW 114TH AVE., STE. 3  
MIAMI, FL 33178

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TORRES, JULIAN A. MD  
4005 NW 114TH AVE., STE. 3  
MIAMI, FL 33178 US

## Name and Address of New Registered Agent:

LOPEZ, TEODOMIRO  
4005 NW 114TH AVE., STE. 3  
MIAMI, FL 33178 US

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: TEODOMIRO LOPEZ

08/07/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: TORRES, JULIAN A. MD  
Address: 4005 NW 114TH AVE., STE. 3  
City-St-Zip: MIAMI, FL 33178

Title: VS ( ) Delete  
Name: TORRES, DAYMI  
Address: 4005 NW 114TH AVE., STE. 3  
City-St-Zip: MIAMI, FL 33178

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LOPEZ, WILSON  
Address: 4005 NW 114TH AVE., STE. 3  
City-St-Zip: MIAMI, FL 33178

Title: SD (X) Change ( ) Addition  
Name: LOPEZ, REMBERTO  
Address: 4005 NW 114TH AVE., STE. 3  
City-St-Zip: MIAMI, FL 33178

Title: VPTD ( ) Change (X) Addition  
Name: LOPEZ, TEODOMIRO  
Address: 4005 NW 114TH AVE., STE. 3  
City-St-Zip: MIAMI, FL 33178

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.

SIGNATURE: WILSON LOPEZ

PD

08/07/2007

Electronic Signature of Signing Officer or Director

Date