2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103494

Title:

Name:

Address:

City-St-Zip:

(X) Delete

DIAZ, GUY E

6215 W 24 AVE # 104

HIALEAH, FL 33016

Entity Name: MIAMI LAKES URGENT CARE CENTER, INC

FILED Apr 13, 2007 Secretary of State

•	
Current Principal Place of Business:	New Principal Place of Business:
16782 NW 67 AVE MIAMI, FL 33015	
Current Mailing Address:	New Mailing Address:
16782 NW 67 AVE MIAMI, FL 33015	
FEI Number: 43-2109371 FEI Number Applied For () FEI Nu	umber Not Applicable () Certificate of Status Desired (X)
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
BENGOCHEA, YAILEN 275 W 51 ST HIALEAH, FL 33012 US	DIAZ, ALBERTO J 275 W 51 ST HIALEAH, FL 33012 US
The above named entity submits this statement for the purpose in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: ALBERTO J. DIAZ	04/13/2007
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: P () Delete Name: BENGOCHEA, YAILEN Address: 275 W 51 ST. City-St-Zip: HIALEAH, FL 33012	Title: P (X) Change () Addition Name: DIAZ, ALBERTO J Address: 275 W 51 ST. City-St-Zip: HIALEAH, FL 33012
Title: VP (X) Delete Name: GUTIERREZ, LUIS E Address: 8009 W 6 AVE UNIT H City-St-Zip: HIALEAH, FL 33012	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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALBERTO J. DIAZ P 04/13/2007

() Change () Addition