

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000129041

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: URGENT MEDICAL CENTER, INC.

## Current Principal Place of Business:

6931 WEST BROWARD BLVD  
PLANTATION, FL 33317

## New Principal Place of Business:

## Current Mailing Address:

3997 NIGHTHAWK DRIVE  
WESTON, FL 33331

## New Mailing Address:

6931 WEST BROWARD BLVD  
PLANTATION, FL 33317

FEI Number: 20-5768512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RIVERA, MYRNA C. L  
3997 NIGHTHAWK DRIVE  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

LOUBRIEL RIVERA, MYRNA C  
3997 NIGHTHAWK DRIVE  
WESTON, FL 33331 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: MYRNA C. LOUBRIEL RIVERA

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RIVERA, MYRNA C. L  
Address: 3997 NIGHTHAWK DRIVE  
City-St-Zip: WESTON, FL 33331

Title: VTSD ( ) Delete  
Name: TRAN, MARLA C  
Address: 3997 NIGHTHAWK DRIVE  
City-St-Zip: WESTON, FL 33331

Title: V ( ) Delete  
Name: RIVERA-OLIVIERI, RAMON L  
Address: 3997 NIGHTHAWK DRIVE  
City-St-Zip: WESTON, FL 33331

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LOUBRIEL RIVERA, MYRNA C  
Address: 3997 NIGHTHAWK DRIVE  
City-St-Zip: WESTON, FL 33331

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

Title: VS (X) Change ( ) Addition  
Name: RIVERA-LOUBRIEL, RAMON L  
Address: 3997 NIGHTHAWK DRIVE  
City-St-Zip: WESTON, FL 33331

Title: VT ( ) Change (X) Addition  
Name: RIVERA-LOUBRIEL, FRANCISCO J  
Address: 3997 NIGHTHAWK DRIVE  
City-St-Zip: WESTON, FL 33331

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: MYRNA C. LOUBRIEL RIVERA

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date