2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008
Secretary of State

DOCUMENT# P07000070562

Entity Name: WALK-IN WELLNESS MEDICAL MANAGEMENT CORP.

Current Principal Place of Business:

7458 N. TAMIAMI TRAIL
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

7458 N. TAMIAMI TRAIL
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 56-2666439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAGAN, EDWIN B
2709 ROCKY POINT DRIVE STE 102
TAMPA, FL 33607 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: D ( ) Delete
Name: COREY, LEE-ANN F
Address: 7458 N. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete
Name: STANELL, ROBERT
Address: 7458 N. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete
Name: EMMANUEL, PETER
Address: 7458 N. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete
Name: FROST, STEPHEN
Address: 7458 N. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete
Name: LAMBO, MICHAEL
Address: 7458 N. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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.

SIGNATURE: J. THORIN LINDSEY MR. 08/27/2008

Electronic Signature of Signing Officer or Director Date