

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000089780

FILED
Jul 21, 2008
Secretary of State

Entity Name: URGENT CARE OF CENTRAL FLORIDA & X-RAYS CTR, INC.

Current Principal Place of Business:

3249 OLD WINTER GARDEN RD STE 18
ORLANDO, FL 32805 US

New Principal Place of Business:

4121 N W 5TH STREET
PLANTATION, FL 33317 US

Current Mailing Address:

P.O. BOX 16404
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 26-0653471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDRICH, DONALD G
480 JEFFERSON DR #104
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

GOLDRICH, DONALD S
480 JEFFERSON DR , #104
DEERFIELD BEACH, FL 33442 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: DONALD S GOLDRICH

07/21/2008

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: EUGENE, GREGOIRE
Address: P.O. BOX 16404
City-St-Zip: PLANTATION, FL 33318

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: GREGOIRE EUGENE

D

07/21/2008

Electronic Signature of Signing Officer or Director

Date