

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000107792

FILED
Apr 14, 2011
Secretary of State

Entity Name: AMERICAN WALK-IN CLINIC, INC.

Current Principal Place of Business:

6870 DYKES ROAD
SOUTHWEST RANCHES, FL 33331

New Principal Place of Business:

Current Mailing Address:

6870 DYKES ROAD
SOUTHWEST RANCHES, FL 33331

New Mailing Address:

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

Name and Address of Current Registered Agent:

CUBAS, FELIPE L DR
6870 DYKES ROAD
SOUTHWEST RANCHES, FL 33331 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: CUBAS, FELIPE L DR
Address: 6870 DYKES ROAD
City-St-Zip: SOUTHWEST RANCHES, FL 33331

I hereby 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 all other like empowered.

SIGNATURE: FELIPE CUBAS

PRES

04/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date