

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000110397

FILED
Feb 06, 2009
Secretary of State

Entity Name: MEDICAL CENTER URGENT CARE, INC.

Current Principal Place of Business:

4623 FOREST HILL BOULEVARD
SUITE 105
WEST PALM BEACH, FL 33415 US

New Principal Place of Business:

Current Mailing Address:

4623 FOREST HILL BOULEVARD
SUITE 105
WEST PALM BEACH, FL 33415 US

New Mailing Address:

FEI Number: 35-2353159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGER, RUSS DR
4623 FOREST HILL BOULEVARD
SUITE 105
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

SEGER, RUSS
4623 FOREST HILL BOULEVARD
SUITE 105
WEST PALM BEACH, FL 33415 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: RUSS SEGER

02/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEGER, RUSS DR
Address: 4623 FOREST HILL BOULEVARD, SUITE 105
City-St-Zip: WEST PALM BEACH, FL 33415 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SEGER, RUSS
Address: 4623 FOREST HILL BOULEVARD, SUITE 105
City-St-Zip: WEST PALM BEACH, FL 33415 US

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: RUSS SEGER

PRES

02/06/2009

Electronic Signature of Signing Officer or Director

Date