

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000062687

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** URGENT CARE AND SURGERY CENTER OF FORT LAUDERDALE, INC.

**Current Principal Place of Business:**

2040 NORTHEAST 49 STREET  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

2040 NORTHEAST 49 STREET  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOGDAN, MICHAEL  
2040 NORTHEAST 49 STREET  
FORT LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

ROSEN, GENE S ATTY  
1550 NE MIAMI GARDENS DRIVE  
SUITE 305  
MIAMI BEACH, FL 33179 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: GENE ROSEN

03/18/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: MGR  
Name: FRASCH, AMY  
Address: 152 BAYMAR DRIVE  
City-St-Zip: FORT MEYERS BEACH, FL 33931

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: AMY FRASCH

MGR

03/18/2010

Electronic Signature of Signing Officer or Director

Date