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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000007409 (5)

1. Corporation Name
WALK IN MEDICAL DOCTORS, INC.



Principal Place of Business
2200 EAST BRONSON HWY.
SUITE 201
KISSIMMEE FL 34744

Mailing Address
2200 EAST BRONSON HWY.
SUITE 201
KISSIMMEE FL 34744-4410

3. Date Incorporated or Qualified
11/25/1992

3a. Date of Last Report
03/18/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3452122	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Country	Country	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

QAYYUM, ABDUL, M.D.
2200 EAST BRONSON HIGHWAY
SUITE 201
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
(NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	QAYYUM, ABDUL M.D.	1.2 NAME	
STREET ADDRESS	2200 E. BRONSON HWY., SUITE 201	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	
NAME	QAYYUM, MEHER M	2.2 NAME	
STREET ADDRESS	1108 ANNE ELISA CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	QAYYUM, MOHAMMED S	3.2 NAME	
STREET ADDRESS	1108 ANNE ELISE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	QAYYUM, ALIYA M	4.2 NAME	
STREET ADDRESS	1108 ANNE ELISA CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	QAYYUM, MAHNAZ	5.2 NAME	
STREET ADDRESS	1108 ANNE ELISA CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	QAYYUM, MEHER	6.2 NAME	
STREET ADDRESS	1108 ANNE ELISA CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1. 16. 97. 407-932
1896

CR2E034 (9/96)