


FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90318 045 ***150.00


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P92000011978 1. Entity Name AAKEL RIVERSIDE WALK-IN CLINIC, INC.	
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Principal Place of Business 5433 COMMERCIAL WAY SUITE 101 SPRING HILL, FL 34606 US	Mailing Address 5433 COMMERCIAL WAY SUITE 101 SPRING HILL, FL 34606 US
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DO NOT WRITE IN THIS SPACE

94056606
99000000



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3154147	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AKEL, MAHMOOD
5433 COMMERCIAL WAY
SUITE 101
SPRING HILL, FL 34606**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when remaining) DATE _____

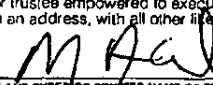
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST AKEL, MAHMOOD 5433 COMMERCIAL WAY SPRING HILL, FL
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: **X**  **X3-26-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #