

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90145 048 ***150.00

DOCUMENT # P92000011978



1. Entity Name
AAKEL RIVERSIDE WALK-IN CLINIC, INC.

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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2. Principal Place of Business 5433 COMMERCIAL WAY Suite, Apt. #, etc.	3. Mailing Address 5433 COMMERCIAL WAY Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State SPRING HILL, FL	City & State SPRING HILL, FL	4. FEI Number 59-3154147	Applied For <input type="checkbox"/> Not Applicable
Zip 34606	Country	Zip 34606	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**AKEL, MAHMOOD
5433 COMMERCIAL WAY
SUITE 101
SPRING HILL FL 34606**

7. Name and Address of New Registered Agent
Name
AKEL, MAHMOOD
Street Address (P.O. Box Number is Not Acceptable)
5433 COMMERCIAL WAY
City
SPRING HILL FL Zip Code
34606

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 *M. Akel* 1-29-030 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST AKEL, MAHMOOD 5433 COMMERCIAL WAY SPRING HILL FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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 like empowered.

SIGNATURE: SIGNATURE REQUIRED MAHMOOD AKEL

1-29-03

CR2E034 (10/02)