SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

94 AUG -1 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000005927 (7)**

1. Corporation Name

THE WALK-IN CLINIC OF NAPLES, INC.

Mailing Address	Principal Place of Business
C/O VICTORIA MEYER	C/O VICTORIA MEYER
4989 GOLDEN GATE PARKWAY SUITE 343	4989 GOLDEN GATE PARKWAY SUITE 343
GOLDEN GATE FL 33999	GOLDEN GATE FL 33999

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1993
3a. Date of Last Report:

2. Mailing Address (21):
2a. Principal Place of Business (26):

4. FEI Number: 650383693 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

5. Certificate of Status Desired: $8.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

City & State (23):
City & State (28):

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

Zip (24): Country (25):
Zip (29): Country (30):

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MEYER VICTORIA
4989 GOLDEN GATE PARKWAY
SUITE 343
GOLDEN GATE FL 33999

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Victoria Meyer 7/26/94
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent Signature required for all filings — Date

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	
12 NAME	MEYER VICTORIA	12 NAME	
13 STREET ADDRESS	4989 GOLDEN GATE PARKWAY SUITE 343	13 STREET ADDRESS	
14 CITY ST ZIP	GOLDEN GATE FL 33999	14 CITY ST ZIP	
21 TITLE		21 TITLE	
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 supplemental 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Victoria Meyer Victoria Meyer 7/26/94 8135941995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number