SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000021267

IMMEDIATE CARE ENTERPRISE, INC.

Principal Place of Business

Mailing Address

FILED Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90006 045 ***150.00



4603 N UNIVER LAUDERHILL FI		4603 N UNIVERSITY DR. LAUDERHILL FL 33351			3. Date incorporated or Qualified	TE IN THIS SPACE	\neg
·		- T			03/17/1993 4. FEI Number	Applied For	
2. Principal Pla	ace of Business	2a. Mailing Address		65-0403182	Not Applical		
21		26	Suite, Apt. #, etc.		05/04/05/102	\$8.75 Additional	
Sulte, Apt. #, ētc.		27 Suite, Apr. #, etc.			5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	55.00 May Be	İ
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	ry	 This corporation owes the cur Intangible Personal Property. 	rent year Yes No	
24	25	29	30		10. Name and Address of New		\dashv
	9. Name and Address of Currer	it Registered Agent	8	1 Name			
SAN	ISIL, YASSER		Ľ		SANSIL, YASSER		
	97 NW 3RD PLACE		8		ress (P.O. Box Number is Not Accept		Ì
	RAL SPRINGS FL 33071		-	1200	OI NW SOTH I	<u>) (,</u>	
COF	AL SPAINOS PL 3507 I		l°	33			i
			8	City CO	RAL SPRINGS	FL 85 Zip Code 33076	,
11. Pursuant t	to the provisions of sections 607.050	2 and 607 1508 Florida Statut	es the abov	e-named corpo	oration submits this statement for the p	urpose of changing its registered	
office or re	egistered agent, or both in the State	of Florida. Such change was	authorized l	by the corporati	pration submits this statement for the pion's board of directors. I hereby acce	pt the appointment as registered	1
agent. I ar	milemiliat with, and accept the oblig	ations of, section 607.0505, Fi	iorida Statut	es.	socialment	6-30-99	- (
SIGNATURE _	The Cook IV	nt and title if applicable. (N	IOTE: Peristere	Acent signature rec	julred when reinstating)	DATE	
	11 11 12	ND DIRECTORS	13.	o rigoni orginalio i org		FICERS AND DIRECTORS IN 12	
TITLE	P\$	DELETE	1,1 TITLE			Change Addit	
			1.2 NAM				
NAME	SANSIL, YASSER S 11597 NW 3RD PL			ET ADDRESS			i
STREET ADDRESS			1.4 CITY	Į.			-
CITY-ST-ZIP	CORAL SPRINGS FL 33071	N per ere	2.1 TITLE			Change Addit	ition
TITLE	VT	DELETE				Change Addi	.
NAME	SANSIL, TAIF A		2.2 NAM	i i			- {
STREET ADDRESS	11597 NW 3RD PL			ET ADDRESS			
CiTY-ST-ZIP	CORAL SPRINGS FL 33071		2.4 CITY 3.1 TITLE			Change Addi	
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NAME			3.2 NAM				
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CITY-ST-ZIP			4.4 CITY				
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NAME			5.2 NAM				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		DELETE	6.1 TITL	E		Change Addi	ition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	EET ADDRESS			-
CITY-ST-ZIP			6.4 CITY				
14. I hereby ce	rtify that the information supplied wit	h this filing does not qualify for	the exempti	on stated in sec	ction 119.07(3)(i), Florida Statutes. I fu	irther certify that the information	

wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears an officer or director of the corporatio in Block 12 or Block 13 if changed, o

SIGNATURE:

IMMEDIATE CARE ENTERPRISE, INC. 4603 N. University Dr. LAUDRHILL, FL 33351 (954)748-9100

June 30, 1999

Department of State Division of Corporation P.O, BOX 1500 Tallahassee, FL 32302-1500

RE: Second Notice of Corporation Annual report.

Dear Sir;

Please be advised that on March 22, 1999 I have sent a check number 4990 in the amount of \$150.00 for filling the annual report.

Today I have received a second notice, I called my accountant the check was never cashed.

Please accept my apology for this great mistake, It should've never happened, and will never happen again.

Sincerely Yours

Yasser Sansil, President