FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUN -9 PM 2:19
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000086575

1. Corporation Name: St. Judes Medical WAlk-In Center, INC.

Principal Place of Business / Mailing Address: 6218 U.S. Hwy 301 North Ellenton, FL 34222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12-15-93	3a. Date of Last Report: 1-18-95
4. FEI Number	[X] Applied For / Not Applicable
5. Certificate of Status Desired [X]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ]	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No	

2. Principal Place of Business	2a. Mailing Address
21 SAME AS ABOVE	26 →
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

Suarez, Guillermo
8432 Meadowbrook Dr.
Largo, Fl 34647

10. Name and Address of New Registered Agent

81 Name: Bobbi Duren
82 Street Address (P.O. Box Number is Not Acceptable): 6218 US Hwy 301 N.
83
84 City: Ellenton FL 85 Zip Code: 34222

11. Pursuant to the provisions of 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, Florida Statutes.

SIGNATURE: Bobbi Profitt-Duren DATE: 5-30-95

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	President-Director
NAME	Bobbi Profitt-Duren
STREET ADDRESS	6218 US Hwy 301 N.
CITY-ST-ZIP	Ellenton Fl 34222
TITLE	Vice President
NAME	G. B. Profitt
STREET ADDRESS	6218 US Hwy 301 N.
CITY-ST-ZIP	Ellenton Fl 34222
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	400001510734	
3.1 TITLE	-06/12/95--01055--018	[ ] Change [ ] Addition
3.2 NAME	*****70.00 *****70.00	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bobbi Profitt-Duren 5/26/95 (813) 722-8911

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

Bobbi Profitt-Duren