

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000066663

Entity Name: IMMEDIATE CARE, P.A.

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3345 JOG RD  
GREENACRES, FL 33467 US

**New Principal Place of Business:**

**Current Mailing Address:**

3345 JOG RD  
GREENACRES, FL 33467 US

**New Mailing Address:**

FEI Number: 65-0518562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHARAB MOHAMED  
3345 JOG RD  
GREEN ACRES, FL 33467 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PO  
Name: MOHAMED, SHARAB MD  
Address: 3345 JOG RD  
City-St-Zip: GREENACRES, FL 33467

Title: SEC  
Name: MOHAMED, NEGAR  
Address: 3345 JOG RD  
City-St-Zip: GREENACRES, FL 33467

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHARAB MOHAMED

PO

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date