

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90036 025 ***150.00

DOCUMENT # P98000028104

1. Corporation Name
SILVER LAKES URGENT TREATMENT & WALK-IN CENTER,
INC.

Principal Place of Business
6600 COWPEN ROAD
SUITE 300
MIAMI LAKES FL 33014

Mailing Address
6600 COWPEN ROAD
SUITE 300
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/25/1998

4. FEI Number
65-0838308

Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees.

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 17901 NW 5 ST

2a. Mailing Address
26 17901 NW 5 ST

Suite, Apt. #, etc.
22 101

Suite, Apt. #, etc.
27 101

City & State
23 Pembroke Pines, FL

City & State
28 Pembroke Pines, FL

Zip Country
24 33029 25 USA

Zip Country
29 33029 30 USA

9. Name and Address of Current Registered Agent

CASTILLO, SIXTA
15600 N.W. 67 AVE.
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name ELAINE CALENDRILO

82 Street Address (P.O. Box Number is Not Acceptable)

83 17901 NW 5 ST 101-102

84 City Pembroke Pines FL 85 Zip Code 33029

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Elaine Calendrillo

Elaine Calendrillo 4/29/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Augusto Hidalgo
STREET ADDRESS 7825 GLENZAGLE DRIVE
CITY-ST-ZIP Miami Lakes, FL 33014

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. 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 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99

CR2E034 (11/98)

0131733