

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028104

FILED  
Apr 28, 2004  
Secretary of State

**Entity Name:** SILVER LAKES URGENT TREATMENT & WALK-IN CENTER, INC.

**Current Principal Place of Business:**

17901 N.W. 5TH STREET., STE 101  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

17901 N.W. 5TH STREET., STE 101  
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

**FEI Number:** 65-0838308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HIDALGO, AUSBERTO MD  
17901 N.W. 5TH STREET., STE 101  
PEMBROKE PINES, FL 33029 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:** PS ( ) Delete  
**Name:** HIDALGO, AUSBERTO MD  
**Address:** 17901 N.W. 5TH STREET., STE 101  
**City-St-Zip:** PEMBROKE PINES, FL 33029 US

**Title:** VP ( ) Delete  
**Name:** CASTILLO-PLAZA, JUAN MD  
**Address:** 17901 N.W. 5TH STREET., STE 101  
**City-St-Zip:** PEMBROKE PINES, FL 33029 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** JUAN CASTILLO

VP

04/28/2004

Electronic Signature of Signing Officer or Director

Date