

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000057329

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: DOCTORS AFTER HOURS URGENT CARE CENTER, INC.

## Current Principal Place of Business:

11479 SW 40TH STREET  
MIAMI, FL 33165 US

## New Principal Place of Business:

## Current Mailing Address:

11479 SW 40TH STREET  
MIAMI, FL 33165 US

## New Mailing Address:

FEI Number: 65-0853802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPEZ, MARIA E SEC  
10901 SW 91 ST  
MIAMI, FL 33176 US

## Name and Address of New Registered Agent:

LOPEZ, MARIA E SEC  
11479 SW 40 ST  
MIAMI, FL 33165 US

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: MARIA E LOPEZ

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: LOPEZ, MARIA E  
Address: 10901 SW 91ST STREET  
City-St-Zip: MIAMI, FL 33176

Title: VD ( ) Delete  
Name: HERSHMAN, KENNETH MD  
Address: 11479 SW 40TH STREET  
City-St-Zip: MIAMI, FL 33165

Title: P ( ) Delete  
Name: HERSHMAN, LLOYD MD  
Address: 11479 SW 40TH ST  
City-St-Zip: MIAMI, FL 33165

Title: T ( ) Delete  
Name: TORRENT, MARTA M  
Address: 15584 SW 63RD TERRACE  
City-St-Zip: MIAMI, FL 33193

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: LOPEZ, MARIA E  
Address: 11479 SW 40 STREET  
City-St-Zip: MIAMI, FL 33165

Title: VP (X) Change ( ) Addition  
Name: HERSHMAN, KENNETH MD  
Address: 11479 SW 40TH STREET  
City-St-Zip: MIAMI, FL 33165

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

Title: T (X) Change ( ) Addition  
Name: TORRENT, MARTA M  
Address: 11479 SW 40 ST  
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARTA TORRENT

T

04/24/2007

Electronic Signature of Signing Officer or Director

Date