2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2011
Secretary of State

DOCUMENT# P98000057329

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
11479 SW 40 ST
MIAMI, FL 33165 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

OFFICERS AND DIRECTORS:

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

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

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

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

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: MARTA TORRENT T 03/11/2011

Electronic Signature of Signing Officer or Director Date