

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100508

**FILED**  
**Feb 28, 2010**  
**Secretary of State**

**Entity Name:** CARE PLUS WALK-IN CLINICS, P.A.

**Current Principal Place of Business:**

519 E. BLOOMINGDALE AVE.  
BRANDON, FL 33511

**New Principal Place of Business:**

519A E. BLOOMINGDALE AVE.  
BRANDON, FL 33511

**Current Mailing Address:**

519 E. BLOOMINGDALE AVE.  
BRANDON, FL 33511

**New Mailing Address:**

519A E. BLOOMINGDALE AVE.  
BRANDON, FL 33511

**FEI Number:** 59-3545021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCDERMOTT, MICHAEL J  
791 WEST LUMSDEN ROAD  
BRANDON, FL 33511 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:** D  
**Name:** SANDHU, JAGDEEP S  
**Address:** 6438 BRIGHT BAY CT  
**City-St-Zip:** APOLLO BEACH, FL 33572

**Title:** P  
**Name:** SANDHU, RAVNEET K  
**Address:** 6438 BRIGHT BAY CT  
**City-St-Zip:** APOLLO BEACH, FL 33572

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:** RAVNEET SANDHU

P

02/28/2010

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

\_\_\_\_\_  
Date