

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006843

1. Entity Name

E.R. WALK-IN MEDICAL CENTER, INC.

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90141 049 ***550.00

0074911 AV

Principal Place of Business

123 N CONGRESS AVE #108
 BOYNTON BEACH FL 33426

Mailing Address

123 N CONGRESS AVE #108
 BOYNTON BEACH FL 33426



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0887687

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULLIN, JAMES G

2263 NW BOCA RATON BLVD #205
 BOCA RATON FL 33431

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 FELD, WILLIAM
 123 N CONGRESS AVE #108
 BOYNTON BEACH FL 33426

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 WHALEN, KEN E
 123 N CONGRESS AVE #108
 BOYNTON BEACH FL 33426

☒ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

1722-A South Congress Ave
 Palm Springs FL 33461

☒ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-01(56) 966-6729

Date

Daytime Phone #

CR2E034 (5/01)