

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013297

FILED
Aug 30, 2010
Secretary of State

Entity Name: DOCTORS R US WALK-IN CLINIC, INC.

Current Principal Place of Business:

6821 W. HILLSBOROUGH AVE.
SUITE 19
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

PO BOX 15579
TAMPA, FL 33684

New Mailing Address:

FEI Number: 59-3555807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOLBOLA, KENNETH
8001 N. DALE MABRY HWY
BLDG 701-801
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

SHOLBOLA, KENNETH O
6821 W HILLSBOROUGH AVE
SUITE 19
TAMPA, FL 33634 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: KENNETH SHOBOLA

08/30/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SHOBOLA, KENNETH O
Address: 6821 W HILLSBOROUGH AVE STE 19
City-St-Zip: TAMPA, FL 33634

Title: V
Name: SHOBOLA, KENNETH O
Address: 6821 W HILLSBOROUGH AVE STE 19
City-St-Zip: TAMPA, FL 33634

Title: S
Name: SHOBOLA, KENNETH O
Address: 6821 W HILLSBOROUGH AVE STE 19
City-St-Zip: TAMPA, FL 33634

Title: T
Name: ADORNO, GIL A
Address: 9614 ROYCE DR.
City-St-Zip: TAMPA, FL 33626

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: KENNETH SHOBOLA

PD

08/30/2010

Electronic Signature of Signing Officer or Director

Date