


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000019505	
1. Entity Name URGENT CARE CENTER OF GAINESVILLE, INC.	

Principal Place of Business 3925 N.W.43RD STREET GAINESVILLE, FL 32606	Mailing Address 3925 N.W.43RD STREET GAINESVILLE, FL 32606
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3555974	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PAMINTUAN, R. V M.D. 3925 N.W.43RD STREET GAINESVILLE, FL 32606	
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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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAMINTUAN, ROGELIO V 3925 NW 43RD STREET GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/21/05-80015-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: 	4/18/2005	352 321 1777
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>