

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90039 043 \*\*\*150.00

**DOCUMENT # P99000030664**

1. Entity Name

**MEDI-QUICK URGENT CARE CENTERS, INC.**



Principal Place of Business

**6 OFFICE PARK DR  
PALM COAST, FL 32137**

Mailing Address

**6 OFFICE PARK DR  
PALM COAST, FL 32137**

**40020882**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3557085**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SHAW, DUDLEY A  
2312 S. DAYTONA AVE.  
FLAGLER BCH, FL 32136**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SHAW, DUDLEY A  
STREET ADDRESS 2312 S. DAYTONA AVE.  
CITY-ST-ZIP FLAGLER BEACH, FL 32736

TITLE VD  
NAME BUTLER, DAVID  
STREET ADDRESS 668 LAKE ASBURY DR.  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE SD  
NAME SHAW, DUDLEY A  
STREET ADDRESS 2312 S. DAYTONA AVE.  
CITY-ST-ZIP FLAGLER BCH, FL 32136

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Dudley A. Shaw*  
**Dudley A. Shaw**

**2-16-07**