

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084618

FILED
Apr 27, 2004
Secretary of State

Entity Name: PARSONS WALK-IN CLINIC, INC.

Current Principal Place of Business:

908 S PARSONS AVE, SUITE B
BRANDON, FL 335116009

New Principal Place of Business:

Current Mailing Address:

908 S PARSONS AVE, SUITE B
BRANDON, FL 335116009

New Mailing Address:

FEI Number: 59-3600480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDERMOTT, MICHAEL J
791 W LUMSDEN RD
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

WATERS, CODY W
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA, FL 33602 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: CODY W. WATERS

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DHALI WAL, AMARJIT S
Address: 122 BARRINGTON DR
City-St-Zip: BRANDON, FL 33511

Title: VP () Delete
Name: DHALI WAL, PARMINDER
Address: 122 BARRINGTON DR
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: DHALI WAL, AMARJIT S
Address: 908 SOUTH PARSONS AVE SUITE B
City-St-Zip: BRANDON, FL 33511

Title: VP (X) Change () Addition
Name: DHALI WAL, PARMINDER
Address: 908 SOUTH PARSONS AVE SUITE B
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: AMARJIT S. DHALI WAL

PS

04/27/2004

Electronic Signature of Signing Officer or Director

Date