
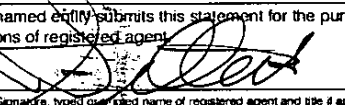
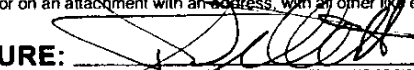


## 01-30-2006 90056 035 \*\*\*150 00

<b>DOCUMENT # P99000094930</b> 1. Entity Name <b>CONVENIENT CARE MEDICAL CENTER, INC.</b>				<b>Secretary of State</b> 01-30-2006 90056 035 ***150.00	
Principal Place of Business <b>507 S MACDILL AVE TAMPA, FL 33609</b>		Mailing Address <b>507 S MACDILL AVE TAMPA, FL 33609</b>			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address <b>100 W. Kennedy Blvd. Suite 650 Tampa, FL 33602 Hillsborough</b>		01122006 Chg-P CR2E034 (11/05)	
		4. FEI Number <b>22-3687218</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WILLERT, THOMAS K 2907 W. BAY TO BAY BLVD. SUITE 101 TAMPA, FL 33629</b>		7. Name and Address of New Registered Agent Name <b>Willet, Thomas K.</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 W. Kennedy Blvd., Suite 650</b> City <b>Tampa, FL</b> Zip Code <b>33602</b>			
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  <b>Thomas K. Willett</b> 1/19/2006 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Vice President Willet, R. Mark 1927 Passero Ave. Lutz, FL 33559</b>  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  <b>Thomas K. Willett</b> 1/19/2006 813 229-0600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					