2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# P99000100939

Entity Name: UNIVERSITY WALK-IN MEDICAL CENTER, INC.

Current Principal Place of Business:

11550 UNIVERSITY BOULEVARD
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 677278
ORLANDO, FL 32867

New Mailing Address:

P.O. BOX 781805
ORLANDO, FL 32878

FEI Number: 59-3607609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARBER, MITCHELL K
2582 GREENWILLOW DRIVE
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

CHAO, MAURICE J
2549 ROSE SPRING DRIVE
ORLANDO, FL 32825 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: MAURICE CHAO 01/09/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GARBER, MITCHELL K
Address: 2582 GREENWILLOW DRIVE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CHAO, MAURICE J
Address: 2549 ROSE SPRING DRIVE
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MAURICE CHAO D 01/09/2008
Electronic Signature of Signing Officer or Director Date