2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jan 12, 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 781805
ORLANDO, FL 32878

New Mailing Address:

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

Name and Address of Current Registered Agent:

CHAO, MAURICE J
2549 ROSE SPRING DRIVE
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: YOUNG, VICTOR
Address: 7882 SAILBOAT KEY BLVD # 601
City-St-Zip: S. PASADENA, FL 33707

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 01/12/2008

Electronic Signature of Signing Officer or Director — Date