…E NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 MAY -1 PM 5:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V36254 (3)

1. Corporation Name
GREEN CLINIC, INC.

Principal Place of Business
306 S TENTH ST
HAINES CITY FL 33844

Mailing Address
~~306 S TENTH ST~~
~~HAINES CITY FL 33844~~

3. Date Incorporated or Qualified: 05/15/1992
3a. Date of Last Report: 03/20/1995
4. FEI Number: 59-3129590 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 5811 PELICAN BAY BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 500
City & State 23	City & State 28 NAPLES FL
Zip 24 Country 25	Zip 29 33963 Country 30 USA

9. Name and Address of Current Registered Agent
~~STINE, JAY C~~
~~306 S. 10TH STREET~~
~~HAINES CITY FL 33844~~

10. Name and Address of New Registered Agent
81 Name: CT CORPORATION
82 Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
83
84 City: PLANTATION FL 85 Zip Code 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Barbara A. Burke — BARBARA A. BURKE, SPECIAL ASSISTANT SECRETARY — DATE 5/6/96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	~~D~~ ☒ DELETE
NAME	~~JAIN, MANUEL G~~
STREET ADDRESS	~~306 S 10TH ST~~
CITY-ST-ZIP	~~HAINES CITY FL~~
TITLE	~~D~~ ☒ DELETE
NAME	~~ALLENDE, GUILLERMO F~~
STREET ADDRESS	~~GREEN CLINIC 306 S 10TH STREET~~
CITY-ST-ZIP	~~HAINES CITY FL~~
TITLE	~~D~~ ☒ DELETE
NAME	~~STINE, JAY C~~
STREET ADDRESS	~~GREEN CLINIC 306 S 10TH ST.~~
CITY-ST-ZIP	~~HAINES CITY FL~~
TITLE	~~D~~ ☒ DELETE
NAME	~~JUKES, EDWARD F~~
STREET ADDRESS	~~306 S TENTH ST~~
CITY-ST-ZIP	~~HAINES CITY FL~~
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CPD ☐ Change ☒ Addition
1.2 NAME	SCHOEN, WILLIAM J
1.3 STREET ADDRESS	5811 PELICAN BAY BLVD, STE 500
1.4 CITY-ST-ZIP	NAPLES, FL
2.1 TITLE	VTD ☐ Change ☒ Addition
2.2 NAME	RAY, STEPHEN M
2.3 STREET ADDRESS	5811 PELICAN BAY BLVD, STE 500
2.4 CITY-ST-ZIP	NAPLES, FL
3.1 TITLE	SVD ☐ Change ☒ Addition
3.2 NAME	SMITH, ROBB L
3.3 STREET ADDRESS	5811 PELICAN BAY BLVD, STE 500
3.4 CITY-ST-ZIP	NAPLES, FL
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robb L. Smith — Robb L. Smith 4/22/96 (941)-598-3051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)