

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000066219

**Entity Name:** THE EXPUNGEMENT CLINIC, P.A.

**Current Principal Place of Business:**

1875 NW CORPORATE BLVD SUITE 290  
BOCA RATON, FL 33431

**Current Mailing Address:**

1875 NW CORPORATE BLVD SUITE 290  
BOCA RATON, FL 33431

**FEI Number: 46-0643338**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MERSON, MICHELLE  
1875 NW CORPORATE BLVD SUITE 290  
BOCA RATON, FL 33431 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FRONSTIN, GUY  
Address        1875 N.W. CORPORATE BLVD; SUITE  
                  290  
City-State-Zip: BOCA RATON FL 33481

*I hereby 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 all other like empowered.*

**SIGNATURE: GUY FRONSTIN**

**PRESIDENT**

**07/10/2013**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date