2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2011
Secretary of State

DOCUMENT# 224849

Entity Name: CLERMONT MEDICAL BUILDING INC

Current Principal Place of Business:

1135 LAKE AVENUE
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

1135 LAKE AVENUE
PO BOX 121009
CLERMONT, FL 347121009 US

New Mailing Address:

FEI Number: 59-0967864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASMANN, STEPHEN M. M.D.
1135 LAKE AVENUE
CLERMONT, FL 32711 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: P
Name: ASMANN, STEPHEN
Address: 1135 LAKE AVE
City-St-Zip: CLERMONT, FL

Title: S
Name: CROWLEY, MEMORY E
Address: 1135 LAKE AVE
City-St-Zip: CLERMONT, FL 34711

Title: S
Name: TIDWELL, MARK W
Address: 1135 LAKE AVE
City-St-Zip: CLERMONT, FL 34711

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: STEPHEN ASMANN P 04/08/2011

Electronic Signature of Signing Officer or Director Date