

FILED  
Mar 28, 2008 8:00 am  
Secretary of State

03-28-2008 90031 016 \*\*\*150.00

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # 249654

1. Entity Name  
MOUNT DORA CLINIC, INC.



Principal Place of Business  
1016 ELYSIUM BLVD.  
MOUNT DORA, FL 32757 US

Mailing Address  
1016 ELYSIUM BLVD.  
MOUNT DORA, FL 32757 US

40053461



03172008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-0970834

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROW, C ROBERT  
1016 ELYSIUM BLVD.  
MOUNT DORA, FL 32757

Name

Street Address (P.O. Box Number is Not Acceptable)

205 WOODBURY AVENUE

City

MOUNT DORA

FL

Zip Code  
32757

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
CROW, C ROBERT  
1016 ELYSIUM BLVD.  
MOUNT DORA, FL 32757, ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
205 WOODBURY AVE  
MOUNT DORA, FL 32757-2865

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/25/08 357  
383-8012