2006 FOR PROFIT CORPORATION . ANNUAL REPORT (AR)

if changed, or on an attachmer

SIGNATURE:

FILED **DOCUMENT # 579581** Feb 20, 2006 08:00 AN 1. Entity Name **Secretary of State** THE GORDON CLINIC, INC. Principal Place of Business Mailing Address 344 WEST 65TH STREET #204 344 WEST 65TH STREET #204 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FE! Number Applied For 59-1841475 Not Applicable Zφ Country Z:p Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name_ GORDON, JR, ANTONIO MD Street Address (P.O. Box Number is Not Acceptable) 344 WEST 65TH STREET #204 HIALEAH FL 33012 City 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 hypert or printed name of registered agent and title if applicables (NOTE: Registered Agent signature required when rexistativity) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defele TIBE Change Addition NAME GORDON, JR, ANTONIO MD MAME STREET ADDRESS 344 WEST 65TH STREET #204 STREET ADDRESS U00000442041 03/04/06-80002-025 150.00 CITY-ST-7IP HIALEAH FL 33012 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition MALS MAME STREET ADDRESS STREET ADDRESS CHY-ST-782 CITY-ST-ZIP mr □ Delete ☐ Change Addition | 1611.6 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZP TITLE Delete Addition Change MARKE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TULE THILE ☐ Delete ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP e exemptions contained in Section 119, Florida Statutes. I further certify that the information ignature shall have the same legal effect as if made under oath, that I am an officer or director responsible Chapter 607, Flonda Statutes; and that my name appears in Block 10 or Block 11 12. I hereby certify that the information supplied with this indicated on this report or supplemental of the corporation or the receiver of the

SIGNING OFFICER OR DIREC