


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 579581 1. Entity Name THE GORDON CLINIC, INC.					
Principal Place of Business 344 WEST 65TH STREET #204 HIALEAH FL 33012			Mailing Address 344 WEST 65TH STREET #204 HIALEAH FL 33012		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1841475 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GORDON, JR, ANTONIO MD 344 WEST 65TH STREET #204 HIALEAH FL 33012				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not state is)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON, JR, ANTONIO MD		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	344 WEST 65TH STREET #204		STREET ADDRESS	000000442041 03/04/06-80002-025 150.00	
CITY- ST- ZIP	HIALEAH FL 33012		CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY- ST- ZIP			CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY- ST- ZIP			CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY- ST- ZIP			CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY- ST- ZIP			CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Antonio Gordon 2/15/06 (305) 556-6129