

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 647869

FILED
Apr 12, 2011
Secretary of State

Entity Name: BOND & STEELE CLINIC, P.A.

Current Principal Place of Business:

500 EAST CENTRAL AVENUE
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

500 EAST CENTRAL AVENUE
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-1867898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IAKOVIDIS, PANAGIOTIS MD
500 EAST CENTRAL AVENUE
WINTER HAVEN, FL 33880 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: IAKOVIDIS, PANAGIOTIS MD
Address: 500 E CENTRAL AVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: S
Name: LOPEZ, CHRISTOPHER MD
Address: 500 EAST CENTRAL AVENUE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP
Name: THOMAS, JR, ROBERT MD
Address: 500 EAST CENTRAL AVENUE
City-St-Zip: WINTER HAVEN, FL 33880

Title: T
Name: RIVERA, JUAN MD
Address: 500 E CENTRAL AVENUE
City-St-Zip: WINTER HAVEN, FL

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: PANAGIOTIS IAKOVIDIS

P

04/12/2011

Electronic Signature of Signing Officer or Director

Date