



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # 672662			
1. Entity Name STAT MEDICAL CLINIC, INC.			
Principal Place of Business 9526 NE 2 AVENUE MIAMI SHORES, FL 33138		Mailing Address 9526 NE 2 AVENUE MIAMI SHORES, FL 33138	
DO NOT WRITE IN THIS SPACE			
		03092008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2006392	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
PAUL SALVER, PA 2721 EXECUTIVE PARK DRIVE 3 WESTON, FL 33331		DO NOT WRITE IN THIS SPACE	
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 reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERENGUER, RAMON 9526 NE 2 AVENUE MIAMI SHORES, FL 33138		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, STEFANI 9526 NE 2 AVENUE MIAMI SHORES, FL 33138		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			