FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **703092** **(7)**

1. Corporation Name

CLINIC BENEFIT SOCIETY, INCORPORATED

Principal Place of Business	Mailing Address
C/O WHITE, NOEL HOFFMAN ST & LEWIS AVE PENNEYFARMS FL 32079	P.O. BOX 39 HOFFMAN ST & LEWIS AVE PENNEY FARMS FL 32079 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1961
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-1001037 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WHITE, NOEL, DR.
3495 HOFFMAN STR
PENNY FARMS FL 32079

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	CONGER, THEODORE	1.2 NAME	HOUGHTON, RAY
STREET ADDRESS	305 LEWIS AVENUE	1.3 STREET ADDRESS	4450-E POLING
CITY-ST-ZIP	PENNEY FARMS, FL 00000	1.4 CITY-ST-ZIP	PENNY FARMS, FL 32079
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	LAKE, MARGARET	2.2 NAME	
STREET ADDRESS	PENNEY RETIREMENT COMM. G24, PO BOX 176 NA	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENNEY FARMS FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	CHILDS, WILLIAM	3.2 NAME	DOXEY, GEORGE
STREET ADDRESS	205A MORTON ST	3.3 STREET ADDRESS	4455A POLING
CITY-ST-ZIP	PENNEY FARMS, FL 00000	3.4 CITY-ST-ZIP	PENNEY FARMS, FL 32079
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	FLEU, VIRGINIA	4.2 NAME	
STREET ADDRESS	QUADRANGLE APT D27	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENNEY FARMS, FL 00000	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☒ Change ☐ Addition
NAME	TURNER, MARGARET	5.2 NAME	STEPLER, JEAN
STREET ADDRESS	302D MORTON DR	5.3 STREET ADDRESS	4435-D WILBANKS
CITY-ST-ZIP	PENNEY FARMS FL	5.4 CITY-ST-ZIP	PENNEY FARMS, FL 32079
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ray Houghton 4-17-95 904/284-8245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RAY HOUGHTON