


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90024 039 ****61.25

DOCUMENT # 703092	
1. Entity Name CLINIC BENEFIT SOCIETY, INCORPORATED	

Principal Place of Business C/O RIGEL, ROBERT HOFFMAN ST & LEWIS AVE PENNEY FARMS, FL 32079	Mailing Address P.O. BOX 39 HOFFMAN ST & LEWIS AVE PENNEY FARMS, FL 32079 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02282004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1001037	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RIGEL, ROBERT PRES 3495 HOFFMAN STR PENNY FARMS, FL 32079		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 _____
(NOTE: Registered Agent signature required when registering)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE S CHAPMAN, MARIAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STUART, CHARLES		NAME QUADRANGLE APT. H-12	
STREET ADDRESS 3498 DWIGHT ST		STREET ADDRESS PENNEY FARMS, FL 32079	
CITY-ST-ZIP PENNEY FARMS, FL 32079		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVID, WILMA		NAME	
STREET ADDRESS 4400 POLING BLVD		STREET ADDRESS	
CITY-ST-ZIP PENNEY FARMS, FL 32079		CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REYSEN, CECILE		NAME	
STREET ADDRESS 4235 STUDIO RD		STREET ADDRESS	
CITY-ST-ZIP PENNEY FARMS, FL 32079		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLEU, VIRGINIA		NAME	
STREET ADDRESS QUADRANGLE APT. B-27		STREET ADDRESS	
CITY-ST-ZIP PENNEY FARMS, FL 00000, 32079		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, ISLE		NAME	
STREET ADDRESS 4435 WILBANKS AVE. APT. 306-A		STREET ADDRESS	
CITY-ST-ZIP PENNEY FARMS, FL 32079		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *Wilma David* **3/01/04** **904-284-4629**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #