


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 703092 1. Entity Name CLINIC BENEFIT SOCIETY, INCORPORATED	
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FILED
Mar 02, 2006 08:00 AM
Secretary of State

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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02262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1001037	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 RIGEL, ROBERT PRES 3495 HOFFMAN STR PENNY FARMS, FL 32079
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**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 Robert R. Rigel Robert R. Rigel 3/1/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEN, DAVID 4495 WILBANKS AVE PENNY FARMS, FL 32079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID, WILMA 4400 POLING BLVD PENNEY FARMS, FL 32079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAPMAN, MARIAN QUADRANGLE APT., H-12 PENNEY FARMS, FL 32079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIPHO, JULIE 3820 GWINN ST PENNEY FARMS, FL 32079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, ISLE 4435 WILBANKS AVE. APT. 306-A PENNEY FARMS, FL 32079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: DAVID L. ALLEN 3/1/06 (904) 529-9607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #