

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703092

FILED
Feb 28, 2009
Secretary of State

Entity Name: CLINIC BENEFIT SOCIETY, INCORPORATED

Current Principal Place of Business:

C/O RIGEL, ROBERT
HOFFMAN ST & LEWIS AVE
PENNEYFARMS, FL 32079

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 39
HOFFMAN ST & LEWIS AVE
PENNEY FARMS, FL 32079 US

New Mailing Address:

FEI Number: 59-1001037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIGEL, ROBERT PRES
3495 HOFFMAN STR
PENNY FARMS, FL 32079 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: PD () Delete
Name: ALLEN, DAVID
Address: 4495 WILBANKS AVE
City-St-Zip: PENNY FARMS, FL 32079

Title: VD () Delete
Name: FISHER, ROBERT
Address: 4210 WILBANKS AVE
City-St-Zip: PENNEY FARMS, FL 32079

Title: T () Delete
Name: DAVID, WILMA
Address: 4400 POLING BLVD
City-St-Zip: PENNEY FARMS, FL 32079

Title: VD () Delete
Name: PIPHO, JULIE
Address: 3820 GWINN ST
City-St-Zip: PENNEY FARMS, FL 32079

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ROOY, MAE
Address: 3467 MORTON ST
City-St-Zip: PENNEY FARMS, FL 32079

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: STANFORD, WINNIFRED
Address: 4095-B LEWIS AVE
City-St-Zip: PENNEY FARMS, FL 32079

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAE ROOY

T

02/28/2009

Electronic Signature of Signing Officer or Director

Date