

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703092

**FILED**  
**Feb 25, 2010**  
**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  
Name: ALLEN, DAVID  
Address: 4495 WILBANKS AVE  
City-St-Zip: PENNY FARMS, FL 32079

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

Title: T  
Name: ROOY, MAE  
Address: 3467 MORTON ST  
City-St-Zip: PENNEY FARMS, FL 32079

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID ALLEN

PD

02/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date