

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703092

FILED
Mar 01, 2011
Secretary of State

Entity Name: CLINIC BENEFIT SOCIETY, INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

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

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:

RIGEL, ROBERT PRES
3495 HOFFMAN STR
PENNEY FARMS, FL 32079 US

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

03/01/2011

Date

OFFICERS AND DIRECTORS:

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

Title: VD
Name: WELCH, PAUL
Address: 3507 DWIGHT STREET
City-St-Zip: PENNEY FARMS, FL 32079

Title: T
Name: ROOY, MAE
Address: 3467 MORTON ST, APT. 202-C
City-St-Zip: PENNEY FARMS, FL 32079

Title: VD
Name: MUELLER, JEAN
Address: 3465 MORTON STREET, APT. 102-D
City-St-Zip: PENNEY FARMS, FL 32079

Title: S
Name: HOWES, MARY RUTH
Address: 4455 POLING BLVD. APT 107-D
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: ROBERT A. FISHER

PD

03/01/2011

Electronic Signature of Signing Officer or Director

Date