## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 703092** 

FILED Feb 25, 2012 Secretary of State

Entity Name: CLINIC BENEFIT SOCIETY, INCORPORATED

US

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-1001037 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: 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:

Name: LIERMAN, PAUL

Address: 3480 CAROLINE, APT. 308-B 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:

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: PAUL LIERMAN T 02/25/2012