

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90128 025 ****61.25

DOCUMENT # 749895

1. Entity Name

FLORIDA CLINIC, INC.

Principal Place of Business

111 NORTH ORLANDO AVENUE
 WINTER PARK FL 32789
 US

Mailing Address

111 NORTH ORLANDO AVENUE
 WINTER PARK FL 32789
 US

00001310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1952704

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIMBLE, TAMARA L
111 NORTH ORLANDO AVE.
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD BRADY, LOUIS P	<input type="checkbox"/> Delete
STREET ADDRESS	1285 ORANGE AVE	
CITY-ST-ZIP	WINTER PARK, FL 00000	
TITLE NAME	DAS SCOTT, MEREDITH	<input type="checkbox"/> Delete
STREET ADDRESS	217 HILLCREST ST	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE NAME	D HOLCOMB, RODNEY	<input type="checkbox"/> Delete
STREET ADDRESS	601 E ROLLINS ST	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE NAME	VD FRASER, DONALD J	<input type="checkbox"/> Delete
STREET ADDRESS	500 E COLONIAL AVE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE NAME	VD HELLINGER, RICHARD H	<input type="checkbox"/> Delete
STREET ADDRESS	1701 N MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL 00000 32803-1873	
TITLE NAME	AS DEPRADA, ARIEL	<input type="checkbox"/> Delete
STREET ADDRESS	111 N ORLANDO AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	32789	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	32801	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	32803	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	32803	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	32803-1873	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DE PRADA, ARIEL	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ariel De Prada* **Ariel De Prada**
Asst. Secretary

01/10/01

(407) 975-1413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)