

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90044 030 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1952704

Applied For

Not Applicable

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 **PD** ☐ Delete
NAME **BRADY, LOUIS P**
STREET ADDRESS **1285 ORANGE AVE**
CITY-ST-ZIP **WINTER PARK, FL 00000**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32789**

TITLE **DAS** ☐ Delete
NAME **SCOTT, MEREDITH**
STREET ADDRESS **217 HILLCREST ST**
CITY-ST-ZIP **ORLANDO, FL 00000**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32801**

TITLE **D** ☐ Delete
NAME **HOLCOMB, RODNEY**
STREET ADDRESS **601 E ROLLINS ST**
CITY-ST-ZIP **ORLANDO, FL 00000**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32803**

TITLE **VD** ☐ Delete
NAME **FRASER, DONALD J**
STREET ADDRESS **500 E COLONIAL AVE**
CITY-ST-ZIP **ORLANDO, FL 00000**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32803**

TITLE **VD** ☐ Delete
NAME **HELLINGER, RICHARD H**
STREET ADDRESS **1701 N MILLS AVE**
CITY-ST-ZIP **ORLANDO, FL 00000 32803-1873**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32803-1873**

TITLE **AS** ☐ Delete
NAME **DEPRADA, ARIEL**
STREET ADDRESS **111 N ORLANDO AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☒ Change ☐ Addition
NAME **DE PRADA, ARIEL**
STREET ADDRESS
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:

SIGNATURE REQUIRED

Ariel De Prada 1/16/02 (407) 975-1413

Date

Daytime Phone #

CR2E037 (9/01)