

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90835 033 ****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**

20006667



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

CR2E037 (10/02)

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 1/8/03 407-975-1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR