

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000003173**

1. Entity Name  
**PLUS ONE CLINICS, INC.**



Principal Place of Business  
**4803 DEER LAKE DRIVE WEST  
75 MAIDEN LANE, SUITE 801  
JACKSONVILLE, FL 32246**

Mailing Address  
**C/O PLUS ONE HOLDINGS, INC.  
75 MAIDEN LANE, SUITE 801  
NEW YORK, NY 10038**

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**13-3421045**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MOTTA, MICHAEL  
STREET ADDRESS C/O 75 MAIDEN LANE, SUITE 801  
CITY - ST - ZIP NEW YORK, NY 10038

TITLE ST  
NAME SHAFRAN, JAY  
STREET ADDRESS C/O 75 MAIDEN LANE, SUITE 801  
CITY - ST - ZIP NEW YORK, NY 10038

TITLE D  
NAME BRUNO, PETER  
STREET ADDRESS C/O 75 MAIDEN LANE, SUITE 801  
CITY - ST - ZIP NEW YORK, NY 10038

TITLE D  
NAME DEMARZO, TOM  
STREET ADDRESS C/O 75 MAIDEN LANE, SUITE 801  
CITY - ST - ZIP NEW YORK, NY 10038

TITLE D  
NAME HOCHMAN, CARL  
STREET ADDRESS C/O 75 MAIDEN LANE, SUITE 801  
CITY - ST - ZIP NEW YORK, NY 10038

TITLE D  
NAME SCUILLI, DON  
STREET ADDRESS C/O 75 MAIDEN LANE, SUITE 801  
CITY - ST - ZIP NEW YORK, NY 10038

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01/20/05-80014-017 158.75

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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 607, 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.

**MICHAEL MOTTA**