

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005355

Entity Name: SACRED HEART CLINIC, INC.

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8751 COMMODITY CIRCLE STE 15  
ORLANDO, FL 32819

**New Principal Place of Business:**

370 CENTER POINTE CIRCLE  
SUITE 1116  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

3711 GRANDEWOOD BLVD APT 1116  
ORLANDO, FL 32837

**New Mailing Address:**

FEI Number: 20-4915577      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SEIFERT, WALTER DR  
3711 GRANDEWOOD BLVD APT 1116  
ORLANDO, FL 32837 US

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

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: CDPT  
Name: SEIFERT, WALTER DR  
Address: 3711 GRANDEWOOD BLVD APT 1116  
City-St-Zip: ORLANDO, FL 32837

Title: VCD  
Name: RAMIREZ-SEIFERT, SONIA DR  
Address: 3711 GRANDEWOOD BLVD APT 1116  
City-St-Zip: ORLANDO, FL 32837

Title: VPS  
Name: RAMIREZ-SEIFERT, SONIA DR  
Address: 3711 GRANDEWOOD BLVD APT 1116  
City-St-Zip: ORLANDO, FL 32837

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WALTER SEIFERT

DR.

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date