2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H16545

1. Entity Name
AIRPORT MEDICAL CLINIC, INC.

Principal Place of Business
C/O IRWIN M. POTASH
3588 N.W. 72ND AVENUE
MIAMI, FL 33122

Mailing Address
C/O IRWIN M. POTASH
3588 N.W. 72ND AVENUE
MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE

05232007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2456779

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Applied For
Not Applicable

6. Name and Address of Current Registered Agent
IRWIN M.
72ND AVENUE
33122

ed 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
of registered agent.

typed or printed name of registered agent and title if applicable

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ill FEE IS $150.00
eptember 14, 2007

(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

RWIN M.
'2ND AVENUE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

DATE

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

U00000765552
06/01/07-80011-019 150.00

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g does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if like empowered.

Irwin M. Potash 5/23/07

SIGNING OFFICER OR DIRECTOR Date

305-598-5205
Daytime Phone #