

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H16545
1. Entity Name
AIRPORT MEDICAL CLINIC, INC.

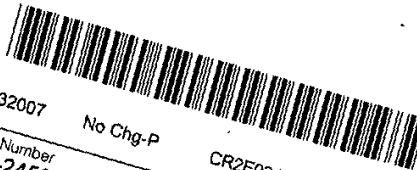
Principal Place of Business
**C/O IRWIN M. POTASH
3588 N.W. 72ND AVENUE
MIAMI, FL 33122**

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



DO NOT WRITE IN THIS SPACE

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



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

**DO NOT WRITE
IN THIS SPACE**

7. If the 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 accuracy of the information provided.
8. If the 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 accuracy of the information provided.
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**FEE IS \$150.00
September 14, 2007**

OFFICERS AND DIRECTORS

**IRWIN M.
72ND AVENUE**

U00000765552
06/01/07-80011-019 150.00

**DO NOT WRITE
IN THIS SPACE**

I, **Irwin M. Potash**, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation and that my name appears in Block 10 or Block 11 if I am an officer or director.
SIGNED: **Irwin M. Potash**
Date: **5/31/07**
Daytime Phone #: **305-599-5205**