

2008 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

FILED

08 JUL 14 PM 1:17

05-02-08 195/22-026 150⁰⁰
TALLAHASSEE, FLORIDA



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2456779

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POTASH, IRWIN M.
3588 N.W. 72ND AVENUE
MIAMI, FL 33122

**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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/9/08

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
POTASH, IRWIN M.
3588 N.W. 72ND AVENUE
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/08 305-592-5205
Date Daytime Phone #

Airport Medical Clinic

JULY 09, 2008

DIVISION OF CORPORATIONS
P.O. BOX 6198
TALLAHASSEE, FL 32314

DOCUMENT # H16545

To Whom It May Concern:

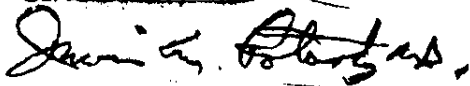
THE PAYMENT FOR THE 2008 ANNUAL REPORT HAS ALREADY BEEN SEND TO YOUR OFFICE AND RECEIVED, ACCCORDING TO YOUR RECORDS THE REPORT WAS NOT SIGNED AND WAS SENT BACK TO US FOR SIGNATURE.

WE NEVER RECEIVED THE FORM, AS PER ONE OF YOUR HELPFUL STAFF A DOWNLOADED COPY IS BEING SUBMITTED FOR THE ORIGINAL SIGNATURE.

A COPY OF OUR E-MAIL IS ALSO ATTACHED

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT ME AT
305-592-5205

SINCERELY,



IRWIN M POTASH M.D.

Airport Medical Clinic
3588 N. W. 72nd Avenue
Miami, FL 33122
Tel: (305) 592 5205
Fax: (305) 597 8362

Port of Miami Medical Clinic
1015 North American Way, Ste. 150
Miami, FL 33132
Tel: (305) 358 4265
Fax: (305) 358 5440

From: corphelp

Page 1 of 2



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From: "corphelp" <corphelp@dos.state.fl.us>
To: <AIRPORTMEDICAL@bellsouth.net>
Subject: RE: document # H16545
Date: Thursday, July 03, 2008 2:10:29 PM

Please find copied below the letter that was mailed to you about this. If you have any questions about your rejected annual report, please call the number shown in the letter below.

Thank you.

Lee Rivers
Internet Access
Division of Corporations

May 20, 2008

AIRPORT MEDICAL CLINIC, INC.
C/O IRWIN M. POTASH
3588 N.W. 72ND AVENUE
MIAMI, FL 33122

SUBJECT: AIRPORT MEDICAL CLINIC, INC.
Ref. Number: H16545

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.
TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6056 and press 4. Your call will be answered in the order it is received.

ANNUAL REPORTS SECTION Letter number: 108A00032092

/vrh
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida
32314

Please take a few minutes to provide feedback on the quality of service you received from our staff. The Florida Department of State values your feedback as a customer. Kurt Browning, Florida's Secretary of State, is committed to continuously