

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H31676

Entity Name: MOTORCYCLE CLINIC, INC.

FILED
Apr 09, 2012
Secretary of State

Current Principal Place of Business:

807 E. VINE ST.
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

807 E. VINE ST.
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 59-2583000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRIAN K. DADY
807 E. VINE ST.
KISSIMMEE, FL 34744 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: PTD
Name: DADY, BRIAN K
Address: 1770 ELDORADO CT.
City-St-Zip: ST. CLOUD, FL 34771 US

Title: VSD
Name: DADY, LINDA M
Address: 1770 ELDORADO CT.
City-St-Zip: ST. CLOUD, FL 34771 US

Title: V
Name: DADY, CORY J
Address: 503 WILD FORREST DR
City-St-Zip: DAVENPORT, FL 33837

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: BRIAN DADY

PTD

04/09/2012

Electronic Signature of Signing Officer or Director

Date