


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90060 007 ***150.00

DOCUMENT # K18487

1. Entity Name
OPA LOCKA COMMUNITY CLINIC, INC.



Principal Place of Business
12901 NW 27 AVENUE
MIAMI, FL 33167 US

Mailing Address
ROGER J MERRITT, ESQ
STE 218 300 41 ST
MIAMI, FL 33140 US

2. Principal Place of Business - No P.O. Box #
330 Clematis Street


3. Mailing Address
 Suite, Apt. #, etc.
Suite 214

City & State
West Palm Beach, FL

City & State
 City & State

Zip
33401

Country
USA



01062008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0051360

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MERRITT, ROGER
SUITE 218, 300-41 STREET
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD BERMAN, MIKHAIL 12901 NW 27 AVENUE MIAMI, FL 33167 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD BERMAN, MIKHAIL 330 Clematis Street, Suite 214 West Palm Beach, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  **Mikhail Berman** **4/11/08** **888-804-1632**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #