2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2011
Secretary of State

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Entity Name: CAMERON CLINICS LLC

Current Principal Place of Business:

6586 HYPOLUXO ROAD, SUITE #334
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

6586 HYPOLUXO ROAD, SUITE #334
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 54-2130864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMERON, BLAINE S
28 W FLAGLER STREET STE 202
MIAMI, FL 33130 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CAMERON, BLAINE S DR
Address: 11860 NW 17TH PL
City-St-Zip: PLANTATION, FL 33323

Title: MGRM
Name: CAMERON, MARSHA MRS
Address: 11860 NW 17TH PL
City-St-Zip: PLANTATION, FL 33322

Title: MGRM
Name: CAMERON, SHANE M MR
Address: 11860 NW 17TH PL
City-St-Zip: PLANTATION, FL 33323

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: DR. BLAINE S. CAMERON MGRM 02/22/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date