

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M21307

FILED
Apr 17, 2009
Secretary of State

Entity Name: DELEEUW'S FAMILY CLINIC, INC.

Current Principal Place of Business:

599 S. FEDERAL HWY.
DANIA, FL 33004 US

New Principal Place of Business:

Current Mailing Address:

599 S. FEDERAL HWY.
DANIA, FL 33004 US

New Mailing Address:

FEI Number: 59-2604807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMPSON, RUBEN T
166 NE 96TH ST
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

FRED HOCHSZTEIN
1930 HARRISON STREET
HOLLYWOOD, FL 33020 US

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: FRED HOCHSZTEIN

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS-FOWLER, CHRISTINE
Address: 599 SOUTH FEDERAL HIGHWAY
City-St-Zip: DANIA BEACH, FL 33004 US

Title: VP () Delete
Name: GORDON, SALLY
Address: 599 SOUTH FEDERAL HIGHWAY
City-St-Zip: DANIA BEACH, FL 33004 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTINE DAVIS-FOWLER

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

Date