

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M76294

FILED
Jan 08, 2010
Secretary of State

Entity Name: HCS CLINIC CORPORATION

Current Principal Place of Business:

10111 W. OAKLAND PARK BLVD.
SUNRISE, FL 33351

New Principal Place of Business:

10111 W OAKLAND PK BLVD
SUNRISE, FL 33351

Current Mailing Address:

10111 W. OAKLAND PARK BLVD.
SUNRISE, FL 33351

New Mailing Address:

10111 W OAKLAND PK BLVD
SUNRISE, FL 33351

FEI Number: 65-0053103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHORE, LEON
10111 W OAKLAND PARK BLVD.
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

SHORE, LEON
10111 W OAKLAND PK BLVD
SUNRISE, FL 33351 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:

01/08/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVD
Name: SHORE, LEON D.O.
Address: 10111 W OAKLAND PK BLVD
City-St-Zip: SUNRISE, FL 33351

Title: PTD
Name: SHORE, BARBARA
Address: 10111 W OAKLAND PK BLVD
City-St-Zip: SUNRISE, FL 33351

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: BARBARA SHORE

PRES

01/08/2010

Electronic Signature of Signing Officer or Director

Date