2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 01, 2006 08:00 AM DOCUMENT # M79682 **Secretary of State** 1. Etitity Name THE BREAST CLINIC, INC. Principal Place of Business Mailing Address 918 MAR WALT DR FORT WALTON BEACH FL 32547 918 MAR WALT DR FORT WALTON BEACH FL 32547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2883774 Not Applicable Ziρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HANSON, SANDRA Street Address (P.O. Box Number is Not Acceptable) 918 MAR WALT DR FORT WALTON BEACH FL 32547 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 regist Eignature, typed or printed name (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition MAME HANSON, SANDRA L MARKE STREET ADDRESS 918 MAR WALT DR STREET ADDRESS HDOOQ045099**4** CITY-ST-ZIP FORT WALTON BEACH FL 32547 CITY-ST-27P 03/10/06-80025-019 (50.00 TITLE Defete BILE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CCY-SUZIP TOTLE ☐ Delete HNE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 237Y-S7-23P CITY-ST-ZIP TITLE Delete TULE ☐ Change Addition NAME NAME STREET ADDRESS STREET ACCRESS CKTY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-IP THIS Delete ?eu€ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes, I turther 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.

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