


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000009531	
1. Entity Name CLINIC OF ANGELS, INC.	

Principal Place of Business 9804 NORTH 56TH ST. TEMPLE TERRACE, FL 33617	Mailing Address 9804 NORTH 56TH ST. TEMPLE TERRACE, FL 33617
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02202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0661679	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARTON, BERNARD 100 NORTH TAMPA ST., STE. 4100 TAMPA, FL 33602
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CICHON, MICHAEL J.M.D. 1611 RIVERHILLS DR. TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURMAN, SANDRA L 1107 E. JACKSON ST. TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIANPOLI, JOHN 802 AMBIENCE BURR RIDGE, IL 60527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AGOSTINO, PAUL 7811 CAPWOOD AVE. TEMPLE TERRACE, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/07/06-80010-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: Dolores Perrone **2/20/06** **813-968-40**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #