

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 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**

**DO NOT WRITE IN THIS SPACE**



02232007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  
**BARTON, BERNARD  
 100 NORTH TAMPA ST., STE. 4100  
 TAMPA, FL 33802**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee Is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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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 03/23/07-80071-002 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 Tues 3/10/07 813-968-4607  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #