

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009531

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: CLINIC OF ANGELS, INC.

**Current Principal Place of Business:**

9804 NORTH 56TH ST.  
TEMPLE TERRACE, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

9804 NORTH 56TH ST.  
TEMPLE TERRACE, FL 33617

**New Mailing Address:**

FEI Number: 81-0661679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARTON, BERNARD  
100 NORTH TAMPA ST., STE. 4100  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CICHON, MICHAEL J M.D.  
Address: 1611 RIVERHILLS DR.  
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete  
Name: MURMAN, SANDRA L  
Address: 1107 E. JACKSON ST.  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: GIANPOLI, JOHN  
Address: 802 AMBIENCE  
City-St-Zip: BURR RIDGE, IL 60527

Title: D ( ) Delete  
Name: D'AGOSTINO, PAUL  
Address: 7811 CAPWOOD AVE.  
City-St-Zip: TEMPLE TERRACE, FL 33637

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLORAS PERRONE

DIRE

01/26/2009

Electronic Signature of Signing Officer or Director

Date