

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009531

**FILED**  
**Feb 21, 2011**  
**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:** DR.  
**Name:** CICHON, MICHAEL J M.D.  
**Address:** 1611 RIVERHILLS DR.  
**City-St-Zip:** TAMPA, FL 33617

**Title:** MRS.  
**Name:** MURMAN, SANDRA L  
**Address:** 410 BLANCA AVENUE  
**City-St-Zip:** TAMPA, FL 33606

**Title:** MR.  
**Name:** GIAMPOLI, JOHN  
**Address:** 27220 RIDGE LAKE COURT  
**City-St-Zip:** BONITA BAY, FL 34134

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

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

**SIGNATURE:** MICHAEL CICHON

DR

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date