

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004007

FILED  
Apr 05, 2011  
Secretary of State

Entity Name: THE SIMON CLINIC, INC

**Current Principal Place of Business:**

11580 42ND RD N  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

11580 42ND RD N  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

SIMON, FRANCK LAROSE DR  
11580 42ND RD N  
ROYAL PALM BEACH, FL 33411 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: P  
Name: LAROSE, FRANCK DR  
Address: 11580 42ND RD N  
City-St-Zip: ROYAL PALM BEACH, FL 33411 91

Title: V  
Name: LAROSE, CELABRUN  
Address: 11580 42ND RD N  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: ST  
Name: MILLER, BARBARA I  
Address: 11580 42ND RD N  
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: FRANCK LAROSE SIMON

P

04/05/2011

Electronic Signature of Signing Officer or Director

Date