2906 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

200	ANNUAL		NO.	05000008459				
DOCUMENT # N0500008459 1. Entity Name WELAKA CLINIC, INC.						4 AM 11: C		
Principal Place 405 ELM STR WEŁAKA, FL	REET	Mailing Address P.O. BOX 1098 WELAKA, FL 32193	5		· · ·	odna (svi dist) skis kli	irai di awa	
2. Principal Piece of Business		3. Mailing Address P.O. Box 1110						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07102006 Ct	ig-NP C	R2E037 (4/06)		
City & State		City & State	•		4	 	oplied For of Applicable	
Zip Country		Welaka, FL Zip	Zip Country		atus Desireo	\$8.75 Add	itional	
	6. Name and Address of Current	32193 Registered Agent	- T	<u> </u>	ross of New Regist	Fee Require	<u> </u>	
SCOTT AI			Name					
SCOTT, ALLEN 99 ORANGE STREET ST. AUGUSTINE, FL 32084			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod		
	named entity submits this statement for ions of registered agent.	or the purpose of changing its req	gistered office or regisi	tered agent, or both, in	the State of Florida,	I am familiar with,	and accept	
SIGNATURE.	Signature, typed or primed name of registered agen	end title if applicable. (NOTE: Pe	egistered Agent signsture requi	ared when reinstaling)		DATE		
Filing Fee is \$61.25 Due by September 6, 2006 9. Election Campaign Trust Fund Contribu								
D	•			\$5.00 May Be Added to Fees		check payable to Department of Si		
10.	ue by September 6, 2006 OFFICERS AND D	Trust Fund Con			Florida (Department of S	tate	
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