

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90003 036 ****70.00

DOCUMENT # N05000011951

1. Entity Name
THE BICOL CLINIC FOUNDATION, INC.



Principal Place of Business
**951 NW 13TH STREET SUITE 3E
BOCA RATON, FL 33486**

Mailing Address
**951 NW 13TH STREET SUITE 3E
BOCA RATON, FL 33486**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08062006

Chg-NP

CR2E037 (4/06)

4. FEI Number

14-1948962

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SCHUSTER, TESS**
STREET ADDRESS **951 NW 13TH STREET SUITE 3E**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **D** ☐ Delete
NAME **SCHUSTER, DORIS**
STREET ADDRESS **951 NW 13TH STREET SUITE 3E**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **VTD** ☐ Delete
NAME **SCHUSTER, JOSHUA A**
STREET ADDRESS **951 NW 13TH STREET SUITE 3E**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **P** ☐ Delete
NAME **SCHUSTER, MITCHELL A**
STREET ADDRESS **951 NW 13TH STREET SUITE 3E**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **S** ☐ Delete
NAME **SCHUSTER, JENNIFER**
STREET ADDRESS **951 NW 13TH STREET SUITE 3E**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Change ☐ Addition
NAME **Schuster, Joshua A**
STREET ADDRESS **951 NW 13th Street Suite 3E**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **D** ☒ Change ☐ Addition
NAME **Schuster, Jennifer**
STREET ADDRESS **951 NW 13th Street, Suite 3E**
CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE **C** ☐ Change ☒ Addition
NAME **Ciafr, Robert**
STREET ADDRESS **4740 S. Ocean Blvd. Apt 1601**
CITY-ST-ZIP **Highland Beach, FL 33487**

TITLE **T** ☐ Change ☒ Addition
NAME **Gould, Gary**
STREET ADDRESS **1045 SW 20th Street**
CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE **S** ☐ Change ☒ Addition
NAME **Sitnick, Joe**
STREET ADDRESS **4740 S. Ocean Blvd. Apt 1406**
CITY-ST-ZIP **Highland Beach, FL 33487**

TITLE **D** ☐ Change ☒ Addition
NAME **Cohan, Robert**
STREET ADDRESS **760 Mara Drive**
CITY-ST-ZIP **Blue Bell, PA 19422**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Please see attached paper for additional officers

ATTACHMENT 20053965

#1050201951

[illegible]