


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90043 047 \*\*\*\*70.00

<b>DOCUMENT # N06000003101</b> 1. Entity Name <b>AMERICAN COLLEGE OF CLINICIANS, INC.</b>					
Principal Place of Business <b>4267 NW FEDERAL HIGHWAY, PMB 155 JENSEN BEACH, FL 34957</b>				Mailing Address <b>4267 NW FEDERAL HIGHWAY, PMB 155 JENSEN BEACH, FL 34957</b>	
2. Principal Place of Business - No P.O. Box # <b>209 WEST CENTRAL ST</b>		3. Mailing Address <b>209 W. CENTRAL ST</b>			
Suite, Apt. #, etc. <b>SUITE 228</b>		Suite, Apt. #, etc. <b>SUITE 228</b>			
City & State <b>NATICK, MA</b>		City & State <b>NATICK, MA</b>			
Zip <b>01760</b>		Country <b>USA</b>		4. FEI Number <b>200774037</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>HOWARD A. CAPLAN, ATTORNEY, P.A. 6260 DUPONT STATION CT., STE. C JACKSONVILLE, FL 32217</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. <b>SECTY</b> OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>DAVID MITTMAN</b> <input type="checkbox"/> Delete	NAME <b>87 N. HILLSIDE AVE</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>LIVINGSTON NJ 07039</b>			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <input type="checkbox"/> Delete			NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <input type="checkbox"/> Delete			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <input type="checkbox"/> Delete			NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <input type="checkbox"/> Delete			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY- ST- ZIP			CITY- ST- ZIP		
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: _____			Date: <b>2/15/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <b>973 8654216</b>		