

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011044

FILED
Mar 22, 2009
Secretary of State

Entity Name: HAITI CLINIC, INC.

Current Principal Place of Business:

1069 MAIN STREET
SEBASTIAN, FL 32958

New Principal Place of Business:

135 OCEAN WAY
VERO BEACH, FL 32963

Current Mailing Address:

4690 LIPSCOMB ST. NE
SUITE 6 F
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 26-1960750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANDOIT, HIRAM
4690 LIPSCOMB ST. NE
SUITE 6 F
PALM BAY, FL 32905 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: D () Delete
Name: PARVUS, DIRK
Address: 135 OCEAN WAY
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: BOUQUET, LUC L
Address: 1673 HAWSBILL ST NW
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: MCLEARN, SHARON
Address: PO BOX 229
City-St-Zip: GRANT, FL 32949

Title: D () Delete
Name: GRANDOIT, HIRAM O
Address: 4690 LIPSCOMB ST NE STE 6F
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: LULICH, STEVEN
Address: 1069 MAIN STREET
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: MCLEARN, KEVIN
Address: PO BOX 229
City-St-Zip: GRANT, FL 32949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARON MCLEARN

D

03/22/2009

Electronic Signature of Signing Officer or Director

Date