

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


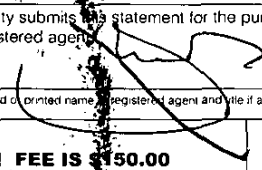
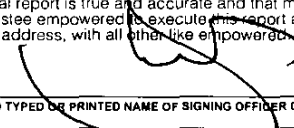
**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90014 022 \*\*\*158.75

60022705



01222008 Chg-P CR2E034 (12/06)

|  |                         |                                 |  |   |  |
|--|-------------------------|---------------------------------|--|---|--|
| <b>DOCUMENT # P00000008815</b>   |                         |                                 |  |  |  |
| 1. Entity Name<br>THE CLINIC BUILDING, INC.  |                         |                                 |  |   |  |
| Principal Place of Business<br>80 DOCTORS DRIVE<br>PANAMA CITY, FL 32405   |                         |                                 | Mailing Address<br>80 DOCTORS DRIVE<br>PANAMA CITY, FL 32405   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                         |                                 | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.  |                         |                                 | Suite, Apt. #, etc.  |   |  |
| City & State   |                         |                                 | City & State   |   |  |
| Zip  | Country                 | Zip                             | Country  | 4. FEI Number<br>59-3615432   |  |
|  |                         |                                 |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required  |                         |                                 |  |   |  |
| 6. Name and Address of Current Registered Agent  |                         |                                 | 7. Name and Address of New Registered Agent  |   |  |
| DUNN, NEAL P<br>80 DOCTORS DRIVE<br>PANAMA CITY, FL 32405  |                         |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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:    |                         |                                 | DATE: 4/7/8 error  |   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   |                         |                                 |  |   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00  |                         |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |  |
| 10. OFFICERS AND DIRECTORS   |                         |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE  | PD                      | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | DUNN, NEAL P MD         |                                 | NAME   |   |  |
| STREET ADDRESS   | 80 DOCTORS DR           |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | PANAMA CITY, FL 32405   |                                 | CITY-ST-ZIP  |   |  |
| TITLE  | DVP                     | <input type="checkbox"/> Delete | TITLE  | DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | HEALEY, DENNIS E MD     |                                 | NAME   | HEALEY DENIS E. M.D.  |  |
| STREET ADDRESS   | 80 DOCTORS DR           |                                 | STREET ADDRESS   | 80 DOCTORS DRIVE  |  |
| CITY-ST-ZIP  | PANAMA CITY, FL 32405   |                                 | CITY-ST-ZIP  | PANAMA CITY, FL 32405   |  |
| TITLE  | DT                      | <input type="checkbox"/> Delete | TITLE  | DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| NAME   | BEISWANGER, JAY C MD    |                                 | NAME   | HITT WARREN T. M.D.   |  |
| STREET ADDRESS   | 80 DOCTORS DR           |                                 | STREET ADDRESS   | 80 DOCTORS DRIVE  |  |
| CITY-ST-ZIP  | PANAMA CITY, FL 32405   |                                 | CITY-ST-ZIP  | PANAMA CITY, FL 32405   |  |
| TITLE  | DS                      | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | RAMOS, CARLOS EMD       |                                 | NAME   |   |  |
| STREET ADDRESS   | 80 DOCTORS DR           |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | PANAMA CITY, FL 32405   |                                 | CITY-ST-ZIP  |   |  |
| TITLE  | DS                      | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | EISENBROWN, J NICOLE MD |                                 | NAME   |   |  |
| STREET ADDRESS   | 80 DOCTORS DR           |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | PANAMA CITY, FL 32405   |                                 | CITY-ST-ZIP  |   |  |
| TITLE  | DS                      | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | JENKINS, MICHAEL A MD   |                                 | NAME   |   |  |
| STREET ADDRESS   | 80 DOCTORS DRIVE        |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | PANAMA CITY, FL 32405   |                                 | 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 607, 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 empowerment. |                         |                                 |  |   |  |
| SIGNATURE:    |                         |                                 | Date: 4/7/8 850-785-8557   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                         |                                 | Daytime Phone #  |   |  |