

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000008815

Entity Name: THE CLINIC BUILDING, INC.

FILED
Apr 18, 2011
Secretary of State

Current Principal Place of Business:

80 DOCTORS DRIVE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

80 DOCTORS DRIVE
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-3615432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUNN, NEAL P MD
80 DOCTORS DRIVE
PANAMA CITY, FL 32405 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: PD
Name: DUNN, NEAL P MD
Address: 80 DOCTORS DR
City-St-Zip: PANAMA CITY, FL 32405

Title: DVP
Name: HEALEY, DENIS E MD
Address: 80 DOCTORS DR
City-St-Zip: PANAMA CITY, FL 32405

Title: DT
Name: BEISWANGER, JAY C MD
Address: 80 DOCTORS DR
City-St-Zip: PANAMA CITY, FL 32405

Title: DS
Name: RAMOS, CARLOS E MD
Address: 80 DOCTORS DR
City-St-Zip: PANAMA CITY, FL 32405

Title: DS
Name: EISENBROWN, JEANNE N MD
Address: 80 DOCTORS DR
City-St-Zip: PANAMA CITY, FL 32405

Title: DS
Name: JENKINS, MICHAEL A MD
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STANLEY FULFORD

D

04/18/2011

Electronic Signature of Signing Officer or Director

Date