

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000070051

1. Entity Name
COLON THERAPY CLINIC, INC.



Principal Place of Business
2831 RINGLING BOULEVARD
SUITE 213
SARASOTA, FL 34237

Mailing Address
2831 RINGLING BOULEVARD
SUITE 213
SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

FILED
07 MAR -6 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01172007 No Chg-P CR2E034 (11/05)

07

4. FEI Number
65-1027816

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 22 STREET, 4TH FLOOR
MIAMI, FL 33145

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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

400092304304
03/13/07--01006--002 **150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
MENARD, ALAIN M
2831 RINGLING BLVD, STE 213
SARASOTA, FL 34237

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MENARD

1-19-2007

Date

Daytime Phone #