

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90044 040 ***150.00

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1. Entity Name
INTERNATIONAL MEDIC-CLINIC CORP.



Principal Place of Business
**2140 W FLAGLER STREET
STE 202
MIAMI, FL 33135**

Mailing Address
**5230 S W 112 AVE
MIAMI, FL 33165**

0000000000



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1036379

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REUTLINGER, ADALINA
5230 S W 112 AVE
MIAMI, FL 33165**

**DO NOT WRITE
IN THIS SPACE**

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)

3/21/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REUTLINGER, ADALINA
STREET ADDRESS	5230 SW 112 AVE
CITY - ST - ZIP	MIAMI, FL 33165
TITLE	SD
NAME	REUTLINGER, CLAUDIA
STREET ADDRESS	5230 SW 112 AVE
CITY - ST - ZIP	MIAMI, FL 33165
TITLE	V
NAME	REUTLINGER, ADOLFO JR.
STREET ADDRESS	5230 SW 112 AVE
CITY - ST - ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

3/21/06 (305)649-4771
Date Daytime Phone #