

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010483

Entity Name: TRI-COUNTY CLINIC INC.

FILED
Apr 09, 2004
Secretary of State

Current Principal Place of Business:

357 3RD STREET NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

135 NO. 6TH STREET, 2ND FLOOR
SUITE 5
HAINES CITY, FL 33844

Current Mailing Address:

3956 TOWN CENTER
SUITE 206
ORLANDO, FL US

New Mailing Address:

3956 TOWN CENTER
SUITE 206
ORLANDO, FL 32837 US

FEI Number: 59-3696412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IBANEZ, JUAN
357 3RD STREET NW
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

IBANEZ, JUAN A
3956 TOWN CENTER BLVD
#206
ORLANDO, FL 32837 US

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: JUAN A. IBANEZ

04/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: IBANEZ, JUAN
Address: 14400 OKONIS COURT
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: IBANEZ, JUAN
Address: 3956 TOWN CENTER BLVD #196
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN A. IBANEZ

PRES

04/09/2004

Electronic Signature of Signing Officer or Director

Date