2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# P01000054307

Entity Name: WEIR CLINICAL SOLUTIONS, INC.

Current Principal Place of Business:

36750 US HWY 19
AUGUSTA LODGE #2014-16
PALM HARBOR, FL 34684

New Principal Place of Business:

36750 US HWY 19 NORTH INNISBROOK RESORT
AUGUSTA LODGE #2014-16
PALM HARBOR, FL 34684

Current Mailing Address:

36750 US HWY 19
AUGUSTA LODGE #2014-16
PALM HARBOR, FL 34684

New Mailing Address:

36750 US HWY 19 N INNISBROOK RESORT
AUGUSTA LODGE #2014-16
PALM HARBOR, FL 34684

FEI Number: 59-3715608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GODDARD, SHARON L
36750 US HWY 19 NORTH
AUGUSTA LODGE #2014-16
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

GODDARD, SHARON L
36750 US HWY 19 N INNISBROOK RESORT
AUGUSTA LODGE #2014-16
PALM HARBOR, FL 34684 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: SHARON GODDARD 05/05/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TPVS ( ) Delete
Name: GODDARD, SHARON L RN
Address: 36750 US HWY 19
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TPVS (X) Change ( ) Addition
Name: GODDARD, SHARON L RN
Address: 36750 US HWY 19NORTH
City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHARON GODDARD CEO 05/05/2009
Electronic Signature of Signing Officer or Director Date