2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000102377

FILED Apr 30, 2007 Secretary of State

Entity Name: NIRVANA CLINIC, INC. **Current Principal Place of Business: New Principal Place of Business:** 9550 BAYMEADOWS RD. JACKSONVILLE, FL 32256 **New Mailing Address: Current Mailing Address:** 9838 BAY MEADOWS ROAD **UNIT 276** JACKSONVILLE, FL 32256 FEI Number: 59-3753850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BITTINGER, ANN ESQ BITTINGER, ANN ESQ 13500 SUTTON PARK DRIVE SOUTH 238 PONTE PARK DR STE 102 PONTE VEDRA BEACH, FL 32082 JACKSONVILLE, FL 32224 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: 04/30/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ANDRE, WILLE Name: Name: 9838 BAY MEADOWS ROAD #276 Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: () Delete Title: SVD Title: () Change () Addition Name: ANDRE, LATRESE Name: 9838 BAY MEADOWS ROAD #276 Address: Address: JACKSONVILLE, FL 32256 City-St-Zip: City-St-Zip:

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: WILLE E. ANDRE PRES 04/30/2007