2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P01000102377

Entity Name: NIRVANA CLINIC, INC.

Current Principal Place of Business:

9550 BAYMEADOWS RD.
9
JACKSONVILLE, FL 32256

New Principal Place of Business:

6817 SOUTHPOINT PARKWAY
604
JACKSONVILLE, FL 32216

Current Mailing Address:

9838 BAY MEADOWS ROAD
UNIT 276
JACKSONVILLE, FL 32256

New Mailing Address:

6817 SOUTHPOINT PARKWAY
604
JACKSONVILLE, FL 32216

FEI Number: 59-3753850 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BITTINGER, ANN ESQ
13500 SUTTON PARK DRIVE SOUTH
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: _____

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: PTD ( ) Delete
Name: ANDRE, WILLE
Address: 9838 BAY MEADOWS ROAD #276
City-St-Zip: JACKSONVILLE, FL 32256

Title: SVD ( ) Delete
Name: ANDRE, LATRESE
Address: 9838 BAY MEADOWS ROAD #276
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: ANDRE, WILLE
Address: 6817 SOUTHPOINT PARKWAY SUITE 604
City-St-Zip: JACKSONVILLE, FL 32216

Title: SVD (X) Change ( ) Addition
Name: ANDRE, LATRESE
Address: 6817 SOUTHPOINT PARKWAY SUITE 604
City-St-Zip: JACKSONVILLE, FL 32216

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: W. ANDRE MR 05/01/2008

Electronic Signature of Signing Officer or Director Date