

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042928

Entity Name: CLINIC OF PALM BEACH, INC.

FILED
Jul 15, 2005
Secretary of State

Current Principal Place of Business:

750 D S MILITARY TRAIL
W PALM BCH, FL 33415

New Principal Place of Business:

6901 OKEECHOBEE BLVD, #H30
W PALM BCH, FL 33411

Current Mailing Address:

750 D S MILITARY TRAIL
W PALM BCH, FL 33415

New Mailing Address:

6901 OKEECHOBEE BLVD, #H30
W PALM BCH, FL 33411

FEI Number: 02-0587463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, HOWARD
750 D S MILITARY TRAIL
W PALM BCH, FL 33415 US

Name and Address of New Registered Agent:

SCHNEIDER, RHONDA
6901 OKEECHOBEE BLVD., #H30
W PALM BCH, FL 33411 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: RHONDA SCHNEIDER

07/15/2005

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: D () Delete
Name: HILL, HOWARD
Address: 750 D S MILITARY TRAIL
City-St-Zip: W PALM BCH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHNEIDER, RHONDA
Address: 6901 OKEECHOBEE BLVD, #H30
City-St-Zip: W PALM BCH, FL 33411

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: RHONDA SCHNEIDER

PRES

07/15/2005

Electronic Signature of Signing Officer or Director

Date