

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000059684																																																																																																					
1. Entity Name MIAMI AVENUE CLINIC, INC.																																																																																																					
Principal Place of Business C/O MARC H AUERBACH ESQ 201 S BISCAYNE BLVD 20TH FLOOR MIAMI, FL 33131			Mailing Address C/O MARC H AUERBACH ESQ 201 S BISCAYNE BLVD 20TH FLOOR MIAMI, FL 33131																																																																																																		
2. Principal Place of Business			3. Mailing Address																																																																																																		
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																		
City & State			City & State																																																																																																		
Zip		Country	Zip		Country																																																																																																
6. Name and Address of Current Registered Agent AUERBACH, MARC H ESQ 201 S BISCAYNE BLVD 20TH FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																		
FL			Zip Code																																																																																																		
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																					
DATE _____																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">NAME</td> <td style="width: 30%; padding: 5px;">☐ Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">NAME</td> <td style="width: 30%; padding: 5px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">WAYNE, CHRISTOPHER</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">U000000501820</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">3800 N. MIAMI AVE. MIAMI, FL 33127</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">04/25/06-80077-021 150.00</td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">☐ Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">NAME</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">NAME</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">☐ Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">NAME</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">NAME</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">☐ Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">NAME</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">NAME</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">☐ Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">NAME</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">NAME</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">NAME</td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	WAYNE, CHRISTOPHER		STREET ADDRESS	U000000501820		CITY-ST-ZIP	3800 N. MIAMI AVE. MIAMI, FL 33127		CITY-ST-ZIP	04/25/06-80077-021 150.00		TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	NAME		STREET ADDRESS	NAME		CITY-ST-ZIP	NAME		CITY-ST-ZIP	NAME		TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	NAME		STREET ADDRESS	NAME		CITY-ST-ZIP	NAME		CITY-ST-ZIP	NAME		TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	NAME		STREET ADDRESS	NAME		CITY-ST-ZIP	NAME		CITY-ST-ZIP	NAME		TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	NAME		STREET ADDRESS	NAME		CITY-ST-ZIP	NAME		CITY-ST-ZIP	NAME	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																					
Date _____ Daytime Phone # _____																																																																																																					