

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000071388

Entity Name: CAMCORDER CLINIC, INC.

**FILED**  
**Feb 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11318 MALLORY SQUARE DR  
104  
TAMPA, FL 33635

**New Principal Place of Business:**

**Current Mailing Address:**

11318 MALLORY SQUARE DR #104  
TAMPA, FL 33635

**New Mailing Address:**

11318 MALLORY SQUARE DR  
104  
TAMPA, FL 33635

FEI Number: 04-3691933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEFTEL, BRAD  
11318 MALLORY SQUARE DR #104  
TAMPA, FL 33635 US

**Name and Address of New Registered Agent:**

HEFTEL, BRAD  
11318 MALLORY SQUARE DR  
#104  
TAMPA, FL 33635 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

02/11/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: HEFTEL, BRAD  
Address: 11318 MALLORY SQUARE DR #104  
City-St-Zip: TAMPA, FL 33635

I hereby 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 all other like empowered.

SIGNATURE: BRAD HEFTEL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

02/11/2012

\_\_\_\_\_  
Date