

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90029 048 ***150.00

DOCUMENT # P02000101981

1. Entity Name

CLINICAL ED CENTRAL, INC.



Principal Place of Business

10640 QUAIL RIDGE DRIVE
ST. AUGUSTINE FL 32095

Mailing Address

10640 QUAIL RIDGE DRIVE
ST. AUGUSTINE FL 32095



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

10640 Quail Ridge Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ponte Vedra, FL

Zip

Country

Zip

Country

32081

1st MOORE

CR2E034 (10/06)

4. FEI Number 51-0429975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLUNG, DONALD R
10640 QUAIL RIDGE DRIVE
ST. AUGUSTINE FL 32095

Name

Street Address (P.O. Box Number is Not Acceptable)

10640 Quail Ridge Drive

Ponte Vedra

FL

Zip Code
32081

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MCCLUNG, JILL S	10640 QUAIL RIDGE DRIVE	ST. AUGUSTINE FL 32095	<input type="checkbox"/>			10640 Quail Ridge Drive	Ponte Vedra, FL 32081	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jill S. McClung

Jill S. McClung

2/6/07 (904) 825-4381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #