


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 08:00 A
Secretary of State

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 PONTE VEDRA FL 32081
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2. Principal Place of Business - No P.O. Box # 10640 Quail Ridge Drive	3. Mailing Address Suite, Apt #, etc.
City & State Ponte Vedra, FL	City & State
Zip 32081	Country USA

1st MOORE CR2E034 (10/07)

4. FEI Number 51-0429975	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCLUNG, DONALD R 10640 QUAIL RIDGE DRIVE PONTE VEDRA FL 32081	
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 filing this statement.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME MCCLUNG, JILL S	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10640 QUAIL RIDGE DR.	CITY-ST-ZIP PONTE VEDRA FL 32081	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 2/27/08 (904)825-4381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #