# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 05, 2010**
**Secretary of State**

DOCUMENT# P02000108873

**Entity Name:** THE CLARK CLINIC, INC.

**Current Principal Place of Business:**

212 SOUTH FLORIDA STREET
BUSHNELL, FL 33513 US

**New Principal Place of Business:**

**Current Mailing Address:**

212 SOUTH FLORIDA STREET
BUSHNELL, FL 33513 US

**New Mailing Address:**

**FEI Number: 54-2078370** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

CLARK, LOWELL F M.D.
212 SOUTH FLORIDA STREET
BUSHNELL,, FL 33513 US

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

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 Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST
Name: CLARK, LOWELL F M.D.
Address: 212 SOUTH FLORIDA STREET
City-St-Zip: BUSHNELL, FL 33513 US

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: LOWELL F. CLARK DR. 02/05/2010

Electronic Signature of Signing Officer or Director Date