

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # P02000112976

1. Entity Name
DAYTONA CLINIC, INC.



Principal Place of Business
1890 LPGA BOULEVARD, SUITE 260
DAYTONA BEACH, FL 32117

Mailing Address
1890 LPGA BOULEVARD, SUITE 260
DAYTONA BEACH, FL 32117



03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1981725

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PANKRATZ, VONNA M
1890 LPGA BOULEVARD, SUITE 260
DAYTONA BEACH, FL 32117

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000750632
05/18/07-80070-008 650.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARBIENER, PAMELA M.D.
STREET ADDRESS	1890 LPGA BLVD., SUITE 160
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	VPD
NAME	GILLESPIE, ALBERT W M.D.
STREET ADDRESS	1890 LPGA BLVD., SUITE 240
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	SEC
NAME	LOESSIN, SCOTT M.D.
STREET ADDRESS	1890 LPGA BLVD., SUITE 150
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	TRES
NAME	ST. JAMES, LUTHER M.D.
STREET ADDRESS	1890 LPGA BOULEVARD, SUITE 170
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Pamela Carbiener Pamela Carbiener 4/26/07

386-252-4793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #