

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 28 PM 2:26

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



04032008 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

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | PD TRES |
| NAME | CARBIENER, PAMELA M.D. |
| STREET ADDRESS | 1890 LPGA BLVD., SUITE 260 |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32117 |
| TITLE | VPD |
| NAME | GILLESPIE, ALBERT W.M.D. |
| STREET ADDRESS | 1890 LPGA BLVD., SUITE 260 |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32117 |
| TITLE | SEC |
| NAME | LOESSIN, SCOTT M.D. Sergio Zamora, MD |
| STREET ADDRESS | 1890 LPGA BLVD., SUITE 150 1890 LPGA Blvd, Ste 260 |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32117 |
| TITLE | TRES VPD |
| NAME | ST. JAMES, LUTHER M.D. |
| STREET ADDRESS | 1890 LPGA BOULEVARD, SUITE 260 |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32117 |
| TITLE | PD |
| NAME | Stephen A. Sevigny, MD |
| STREET ADDRESS | 1890 LPGA Blvd, Ste 260 |
| CITY-ST-ZIP | Daytona Beach FL 32117 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/30/08