2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# P02000112976

Entity Name: DAYTONA CLINIC, INC.

Current Principal Place of Business:

1890 LPGA BOULEVARD, SUITE 260
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

1890 LPGA BOULEVARD, SUITE 260
DAYTONA BEACH, FL 32117

New Mailing Address:

1890 LPGA BOULEVARD, SUITE 260
DAYTONA BEACH, FL 32117

FEI Number: 43-1981725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: SEVIGNY, STEPHEN A M.D.
Address: 1890 LPGA BLVD., SUITE 260
City-St-Zip: DAYTONA BEACH, FL 32117

Title: T
Name: CARBIENER, PAMELA M.D.
Address: 1890 LPGA BLVD., SUITE 260
City-St-Zip: DAYTONA BEACH, FL 32117

Title: S
Name: ZAMORA, SERGIO M.D.
Address: 1890 LPGA BLVD., SUITE 260
City-St-Zip: DAYTONA BEACH, FL 32117

Title: VPD
Name: ST. JAMES, LUTHER M.D.
Address: 1890 LPGA BOULEVARD, SUITE 260
City-St-Zip: DAYTONA BEACH, FL 32117

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: STEPHEN A SEVIGNY MD PD 04/29/2011

Electronic Signature of Signing Officer or Director Date