2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122982

Entity Name: LEGAL CLINIC, P.A.

Address: City-St-Zip:

N MIAMI BEACH, FL 33179

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1400 NE MIAMI GARDENS DR 1400 NE MIAMI GARDENS DRIVE 219 219 N MIAMI BEACH, FL 33179 N MIAMI BEACH, FL 33179 **New Mailing Address: Current Mailing Address:** 1400 NE MIAMI GARDENS DR 1400 NE MIAMI GARDENS DRIVE 219 N MIAMI BEACH, FL 33179 N MIAMI BEACH, FL 33179 FEI Number: 16-1645907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PAVLOV, WILLIAM M ESQ. 1400 NE MIAMI GARDENS DR 219 N MIAMI BEACH, FL 33179 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PAVLOV, WILLIAM M Name: Name: 1400 NE MIAMI GARDENS DR

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM M. PAVLOV, ESQ. 04/29/2009 MR.