


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000039059</b> 1. Entity Name PHYSICIAN'S MEDICLEAN, INC.	
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Principal Place of Business 19201 EAST SAINT ANDREWS DRIVE HIALEAH, FL 33015	Mailing Address 19201 EAST SAINT ANDREWS DRIVE HIALEAH, FL 33015
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**DO NOT WRITE IN THIS SPACE**



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2022513	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CLARK, GERALDINE 19201 EAST SAINT ANDREWS DRIVE HIALEAH, FL 33015
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**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 _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, GERALDINE 19201 EAST SAINT ANDREWS DR HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, WILLIAM M JR 19201 EAST SAINT ANDREWS DR HIALEAH, FL 33015
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05/19/06-80079-021 150.00

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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 an other I am empowered.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/7/2006 <small>Date</small>	<small>Daytime Phone #</small>
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