


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 MAY -8 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000039059	
1. Entity Name PHYSICIAN'S MEDICLEAN, INC.	

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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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04182007 Chg-P CR2E034 (12/06)

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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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, WILLIAM M JR 19201 EAST SAINT ANDREWS DR HIALEAH, FL 33015 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Norge Tiedol VP 19201 East Saint Andrews Hialeah, FL 33015 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600103039276 05/22/07--01052--001 **35.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO 600103039276 05/22/07--01052--002 **27.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ambrose Corlhan 19201 E Saint Andrews Dr Hialeah, FL 33015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 officer like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: _____