

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000039059

Entity Name: PHYSICIAN'S MEDICLEAN, INC.

FILED
Dec 03, 2009
Secretary of State

Current Principal Place of Business:

19201 EAST SAINT ANDREWS DRIVE
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

19201 EAST SAINT ANDREWS DRIVE
HIALEAH, FL 33015

New Mailing Address:

FEI Number: 43-2022513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, WILLIAM
19201 EAST SAINT ANDREWS DRIVE
HIALEAH, FL 33015 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: WILLIAM CLARK

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GILLIAN, AMBROSE
Address: 19201 EAST SAINT ANDREWS DRIVE
City-St-Zip: HIALEAH, FL 33015

Title: PCEO () Delete
Name: CLARK, WILLIAM M JR
Address: 19201 EAST SAINT ANDREWS DR
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: TISDOL, NORGE
Address: 19201 EAST SAINT ANDREWS DRIVE
City-St-Zip: HIALEAH, FL 33015

Title: VP () Delete
Name: MOURNING, ALICE
Address: 19201 EAST ST ANDREWS DR
City-St-Zip: HIALEAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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 CLARK

Electronic Signature of Signing Officer or Director

PCEO

12/03/2009

Date