2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064875

Entity Name: FLORIDA SPECIALTY CLINIC, INC.

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
1082 E. BRANDON BLVE BRANDON, FL 33511)		
Current Mailing Address:		New Mailing Address:	
PO BOX 3550 BRANDON, FL 3350935	50		
FEI Number: 20-0065648	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:	
BROWNLEE, HUNTER 501 E. KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602 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:			
Electron	ic Signature of Registered Ager	nt	Date

OFFICERS AND DIRECTORS:

Name:

Address:

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRFS Title: () Delete Title: (X) Change () Addition DHALIWAL, AMARJIT S DHALIWAL, AMARJIT S Name: Name: 1082 E. BRANDON BLVD Address: 1082 E. BRANDON BLVD Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: BRANDON, FL 33511 Title: VΡ () Change () Addition

 VP () Delete
 Title:

 DHALIWAL, PARMINDER
 Name:

 1082 E. BRANDON BLVD
 Address:

 BRANDON, FL 33511
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: AMARJIT S. DHALIWAL PRES 04/24/2007