

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P04000083839
<b>1. Entity Name</b>
Clinique 300, Inc. d/b/a Joseph Fanfan, Jr., M.D., P.A.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 300 W. Sunrise Boulevard, Suite No.9 Suite, Apt. #, etc.	<b>3. Mailing Address</b> 3146 NW 68 Street Suite, Apt. #, etc. Suite No.1
<b>City &amp; State</b> Ft. Lauderdale, FL	<b>City &amp; State</b> Fort Lauderdale, Florida
<b>Zip</b>	<b>Country</b>
	USA

U000000387525  
01/19/06-80040-013 150.00  
**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0167934	<b>Applied For</b> <input type="checkbox"/> <b>Not Applied</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> Joseph Fanfan, Jr., MD	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 300 Sunrise Boulevard	
<b>Suite No.9</b>	
<b>City</b> Fort Lauderdale	<b>Zip Code</b> 33309-1206
<b>FL</b>	

**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**  **Joseph Fanfan, Jr., MD** **1/11/2006**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fee**  
**Trust Fund Contribution.**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	President/CEO/Director Joseph Fanfan, Jr., MD 300 Sunrise Boulevard, Ste. No.9 Ft. Lauderdale, Florida 33311
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Exe.Vice President/Secretary/Director Kettyne L. Fanfan 300 W. Sunrise Boulevard, Ste. No.9 Fort Lauderdale, Florida 33309-1206
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Board Advisory/Ex-officio member Clifton H. Rodriguez, CPA 3146 NW 68 Street, Ste. No.1 Fort Lauderdale, Florida 33309-1206
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**11.**

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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **Joseph Fanfan, Jr., MD** **1/11/2006** **(954)525-4900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #