

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

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90022 034 ***150.00

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

DO NOT WRITE IN THIS SPACE

40103317

2. Principal Place of Business 2707 N. Andrews Avenue Suite, Apt. #, etc.		3. Mailing Address 3146 NW 68 Street Suite, Apt. #, etc. Suite No. 1	
City & State Wilton Manners, FL		City & State Fort Lauderdale, Florida	
Zip 33311	Country USA	Zip 33309-1206	Country USA

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Joseph Fanfan, Jr., MD	
Street Address (P.O. Box Number is Not Acceptable) 2707 N. Andrews Avenue	
City Wilton Manners	Zip Code 33311

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** **1/31/2008**
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

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Director Joseph Fanfan, Jr., MD 2707 N. Andrews Avenue Wilton Manners, Florida 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exe.Vice President/Secretary/Director Dr. Joseph Fanfan, Jr. 2707 N. Andrews Avenue Wilton Manners, Florida 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisory/Consultant Clifton H. Rodriguez, CPA 3146 NW 68 Street, Ste. No. 1 Fort Lauderdale, Florida 33309-1206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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** **1/31/2008** **(954)525-4900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

2008 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # P04000083839 1. Entity Name CLINIQUE 300, INC.					
Principal Place of Business 300 WEST SUNRISE BOULEVARD SUITE 9 FORT LAUDERDALE, FL 33311			Mailing Address 3146 NORTHWEST 68 STREET SUITE 1 FORT LAUDERDALE, FL 33309-1206		
2. Principal Place of Business - No P.O. Box # 2707 N. Andrews Ave		3. Mailing Address Suite, Apt. #, etc.		40103317	
City & State Wilton Manners		City & State		4. FEI Number 65-0167934	
Zip 33311		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FANFAN, JOSEPH DR. 300 SUNRISE BLVD., SUITE #9 FT. LAUDERDALE, FL 33311				7. Name and Address of New Registered Agent Name Joseph Fanfan, Jr., MD Street Address (P.O. Box Number is Not Acceptable) 2707 N. Andrews Avenue City Wilton Manners FL Zip Code 33311	
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 01-31-08 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO FANFAN, JOSEPH JR MD 300 SUNRISE BLVD. STE. #9 FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2707 N. Andrews Avenue Wilton Manners, Florida 33311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FANFAN, JOSEPH JR MD 300 SUNRISE BLVD. STE. #9 FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2707 N. Andrews Avenue Wilton Manners, Florida 33311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCSD FANFAN, KETLYNE L 300 SUNRISE BLVD. STE. #9 FT. LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Consultant <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAO RODRIGUEZ, CLIFTON H CPA 300 SUNRISE BOULEVARD STE 9 FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Delete	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 all other like empowered.					
SIGNATURE Dr. Joseph Fanfan, Jr.			Date 01-31-08 (954) 525-4900		