## FOR PROFIT CORPORATION

## **FILED** May 16, 2008 8:00 am<sup>6</sup> Secretary of State

UNIFORM BUSINESS REPORT (UBR)

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 3. Mailing Address 3146 NW 68 Street 2707 N. Andrews Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite No.1 Applied For City & State 4. FEI Number City & State Fort Lauderdale, Florida 65-0167934 Not Applicable Wilton Manners, FL \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 33309-1206 USA 33311 USA 7. Name and Address of Current Registered Agent Name Joseph Fanfan, Jr., MD DONOTWRITE Street Address (P.O. Box Number is Not Acceptable) 2707 N. Andrews Avenue IN THIS SPACE Zip Code City Wilton Manners 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 familia with, and accept the obligations of registered agent. Joseph Fanfan, Jr., MD 1/31/2008 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed January 1 - May 1 Fee 15 3 50.00 9. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Trust Fund Contribution. Added to Fees Amended UBR is \$61.25 Make Check Payable to Florida Department of State 11 OFFICERS AND DIRECTORS TITLE President/CEO/Director Joseph Fanfan, Jr., MD NAME NAME STREET ADDRESS 2707 N. Andrews Avenue STREET ADDRESS Wilton Manners, Florida 33311 CITY-ST-ZIP CITY-ST-ZIP TITLE Exe. Vice President/Secretary/Director TITLE Dr. Joseph Fanfan, Jr. NAME NAME 2707 N. Andrews Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Wilton Manners, Florida 33311 Board Advisory/Consultant TITLE TITLE Clifton H. Rodriquez, CPA NAME NAME 3146 NW 68 Street, Ste. No.1 STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP Fort Lauderdale, Florida 33309-1206 CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Joseph Fanfan, Jr., MD

SIGNATURE:x SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/31/2008 Date

(954)525-4900

Daytime Phone #

## ATTACHMENT

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNOAL REPORT								
DOCUMENT # P04000083839								
1. Entity Name			AZ ST					
CLINIQUE 300, INC.								
Principal Place of Business Mailing Address			1					
300 WEST SUNRISE BOULEVARD		3146 NORTHWEST 68 STREET						
SUITE 9 SUI		SUITE 1						
FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL		33309-1206	-1 $i$	11.0	010			
				1117.7	317			
Principal Place of Business - No P.O. Box #		3. Mailing Address		, , , ,				
2707 N. Hydrews Are								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262008	Chg-P	CR2E034 (12/06)		
City 9 State		City & State		4 55111			West Co.	
Witton Manners		City & State		4. FEI Numb		<del>   `</del>	plied For	
Zip Country		Zip Country		- 0,5-0 10	65-0167934   Not Applicable			
ี่ฉัฉฉ	u lüsa l	2.10	Country	5. Certificat	e of Status Desired	d Fee Require		
	6. Name and Address of Current Ro	egistered Agent		7. Name an	d Address of Nev	w Registered Agent	-	
Name					<u> </u>	٠,		
FANFAN JOSEPH DR					itam, JR	MU_		
300 SUNRISE BLVD., SUITE #9			Street Ad	dress (P.O. Box Numb				
FT. LAUDERDALE, FL 33311				10 1 10 H	adnews 1	Hume		
	Λ		İ					
	//		City	11+. M		FL Zip Cod	£ , , ,	
0.71		<b>/</b>		mers_		3]\		
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 X /W/WW Joseph Fronting JR mD 01-31-08								
	Signature, typed or printed rume of registered are in an	Title il applicable. (NOTE	: Registered Agent signature	e required when reinstating)		DATE		
	+-+-							
	E NOW!!! FEE 18 \$150.00	9. Election Campaid Trust Fund Contr		\$5.00 May Be Added to Fees				
After M	ay 1, 2008 Fee will be \$550.06	) Host rund Contr	ibulion.	Added to rees				
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS	CHANGES TO C	OFFICERS AND DIRECTORS	S IN 11	
TITLE	PCEO	☐ Delete	TITLE			Change	Addition	
NAME	FANFAN, JOSEPH JR MD	_ ****	NAME		Δ.	_ •	_	
STREET ADDRESS	300 SUNRISE BLVD. STE. #9		STREET ADDRESS	2707 N.	Andrews	Avenue	_	
CITY-SI-ZIP	FT. LAUDERDALE, FL 33311		CITY+ST-ZIP	Wilton	Manners	Funiou 333	311	
TITLE	CEOD	☐ Delete	TITLE			Change	Addition	
NAME	FANFAN, JOSEPH JR MD		NAME		١	A		
STREET ADDRESS	300 SUNRISE BLVD. STE. #9		STREET ADDRESS	2707 N. F	maneus	Toome		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	/	CITY-ST-ZIP	Wilton	Manneys,	though 33	31Ľ	
TITLE	VCSD	Delete	TITLE	-		☐ Change	☐ Addition	
NAME	FANFAN, KETLYNE L		NAME					
STREET ADDRESS	300 SUNRISE BLVD. STE. #9		STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		CITY-ST-ZIP					
TITLE	BAEO	☐ Delete	TITLE	Board Azlv	isor/Consi	ultari (Change	Addition	
NAME	RODRIGUEZ, CLIFTON H CPA		NAME	_	•			
STREET ADDRESS	300 SUNRISE BOULEVARD STE	9	STREET ADDRESS				,	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		CITY-ST-ZIP		<u> </u>			
TITLE		☐ Defete	TITLE			Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY - ST - ZIP			CITY+ST+ZIP					
TITLE	]	☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY+ST-ZIP			CITY-\$1-ZIP					
12. Thereby certify that the information supplied with this filling 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 supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report or supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and that my supplemental report is true and accurate and the supplemental report is true and accurate and the supplemental report is true and accurate and the supplemental report is true and the supple								
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changed, or on an attachment with an accress, with an other like empowered.								
SIGNATUREX WWW DR. JOSPH Frantis JR. 01-31-08 (959) 525-4900								
SIGNATUREX VIVIVIL LR. JOSEPH TOURIST JR. 01-51-08 (959)525-4900								