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FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)					EILEU.				
DOCUMENT # P04000083839					O9 FEB 18 PH 2: 47				
1. Entity Name					SO SER 18 PM C.				
					SECRETARY OF STATE TALLAHASSEE, FLORIDA			ŠA.	
Clinique 300, Inc. d/b/a Joseph Fanfan, Jr., M.D., P.A.					SECRETARY FLORIUM				
						MILLAHASSE"			
DO NOT WRITE IN THIS SPACE						•			
Principal Place of 2707 N. Andrews Aver	3. Mailing Address 3146 NW 68 Street				•				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
	Suite No.1								
City & State Wilton Manners, FL	City & State Fort Lauderdale, Florida			4. FEI N 65-016793		H	Applied For Not Applicable		
Zip Country		Zip Country			· · · · · · · · · · · · · · · · · · ·		\$8.75 Additional		
33311	USA	33309-1206	USA		5. Certific	cate of Status Desired	Ш	Fee Required	
				7. Nam	ame and Address of Current Registered Agent				
				Name Joseph Fanfan, Jr., MD					
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable)						
IN THIS SPACE				2707 N. Andre					
		AYH							
				City		FI		Zip Code	
·	<u>Λ </u>			Wilton Manner				33311	
State of Florida 1:	entity submits mis st am familiar with land.	atement for the purpos Accept the obligations	se of ch of regis	anging its regis stered agent	sterea offic	e or registered agent,	or bo	itn, in the	
State of Florida. I am familiar with and accept the obligations of registered agent. SIGNATURE Joseph Fanfan, Jr., MD 1/2-								4/04/0000	
SIGNATURE X	re typed or printed name o	f registered agent and title if a	onlicable	oseph Fantan,		gnature required when reins		1/24/2009 DATE	
January 1	- May 1 Fee \s \$150.	00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	ay 1, Fee is \$550.00					n Campaign Financing Fund Contribution.		\$5.00 May Be Added to Fees	
Ament Make Check Payable	ded UBR is \$61,25 to Florida Departm	ent of State			ffust r	runa Contribution.		Added to rees	
10.	OFFICERS A	ND DIRECTORS	11.						
TITLE NAME	President/CEO/Dire		TIT	LE	10	0142851	7 "	1	
STREET ADDRESS	2707 N. Andrews A		ST	REET ADDRESS	3 02/18/	0143851 0901004006	*#1	50,00	
CITY-ST-ZIP	Wilton Manners, Flo		Cf	Y-ST-ZIP					
TITLE NAME	Exe. Vice President Dr. Joseph Fanfan,		TIT	-19094- 91-1914- 91-1914- 91-19					
STREET ADDRESS	2707 N. Andrews Avenue		19110000000	REET ADDRESS	3				
CITY-ST-ZIP	Wilton Manners, Flo			Y-ST-ZIP					
TITLE NAME	Board Advisory/Cor Clifton H. Rodrique		TIT						
STREET ADDRESS	3146 NW 68 Street	Ste. No.1	100000000000000000000000000000000000000	REET ADDRESS	3	DO NOT	IV/E)ITE	
CITY-ST-ZIP TITLE	Fort Lauderdale, Flo Exec. Se. Vice Pr		CII	Y-ST-ZIP					
NAME		. 1	NA			IN THIS S	3P/	ACE	
STREET ADDRESS	2707 N. Andre	ws neverue		REET ADDRESS	3				
CITY-ST-ZIP TITLE	Witten Marner	1 - 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	TIT	Y-ST-ZIP					
NAME			NA						
STREET ADDRESS				REET ADDRESS	3				
CITY-ST-ZIP TITLE			TIT	Y-ST-ZIP LE					
NAME			NA						
STREET ADDRESS CITY-ST-ZIP		,		REET ADDRESS Y-ST-ZIP	3				
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.									
111/2.20									
SIGNATURE¥	\	NA /	Joseph	Fanfan, Jr., M	D	1/24/2009	(054)525-4900	
	TURE AND TYPED OF	PRINTED NAME OF SI				Date		me Phone #	