

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000101877

1. Entity Name
MEDICORP CLINIC, INC.



[Handwritten signature]

FILED

05 JUL 21 AM 9:49

SECRET, TALLAHASSEE, FLORIDA

Principal Place of Business
2360 NW 36 ST STE 101
MIAMI, FL 33142

Mailing Address
2360 NW 36 ST STE 101
MIAMI, FL 33142

2. Principal Place of Business
3383 NW 7 ST

3. Mailing Address
3383 NW 7 ST

Suite, Apt. #, etc.
206

Suite, Apt. #, etc.
206

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33125

Country
Dade

Zip
33125

Country
Dade

07202005

Chg-P

CR2E034 (10/03)

4. FEI Number
20-1342430

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LA O, MARICEL
2360 NW 36 ST STE 101
MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name
ABDON S. BORGES
Street Address (P.O. Box Number is Not Acceptable)
3383 NW 7 ST
Suite - # 206
City
Miami FL Zip Code
33125

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

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

07/20/05

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BORGES, ABDON S
2360 NW 36 ST STE 101
MIAMI, FL 33142 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 643-9300