2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2005
Secretary of State

DOCUMENT# P04000170113

Entity Name: A.A. & D. CLINIC, INC.

Current Principal Place of Business:

911 SE 6TH AVE. SUITE 108
DELRAY BEACH, FL 33482

New Principal Place of Business:

911 SE 6TH AVE. SUITE 108
DELRAY BEACH, FL 33483

Current Mailing Address:

911 SE 6TH AVE. SUITE 108
DELRAY BEACH, FL 33482

New Mailing Address:

911 SE 6TH AVE. SUITE 108
DELRAY BEACH, FL 33483

FEI Number: 20-2061302 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALCIME, CLAUDIUS
911 SOUTHEAST 6TH AVENUE
SUITE 200
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

ALCIME, CLAUDIUS
911 SOUTHEAST 6TH AVENUE
SUITE 108
DELRAY BEACH, FL 33483 US

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.

SIGNATURE: JEFFERSON DOR 10/06/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALCIME, CLAUDIUS
Address: 911 SOUTHEAST 6TH AVENUE, SUITE 108
City-St-Zip: DELRAY BEACH, FL 33482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALCIME, CLAUDIUS
Address: 911 SOUTHEAST 6TH AVENUE, SUITE 108
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIUS ALCIME P 10/06/2005
Electronic Signature of Signing Officer or Director Date