

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000050976

FILED
Jul 15, 2006
Secretary of State

Entity Name: NATIONAL MEDICAL CLINIC, INC.

Current Principal Place of Business:

280 NELSON STREET SUITE 484
VANCOUVER BRITISH COLUMBIA
CANADA V6B 2E2, XX

New Principal Place of Business:

280 NELSON STREET SUITE 484
VANCOUVER, BC V6B 2E2 XX

Current Mailing Address:

280 NELSON STREET SUITE 484
VANCOUVER BRITISH COLUMBIA
CANADA V6B 2E2, XX

New Mailing Address:

7491 NORTH FEDERAL HIGHWAY
BLDG C-5, STE 295
BOCA RATON, FL 33487

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, PIERRE
1200 BRICKELL AVE
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: WHEATLEY, JAY
Address: 280 NELSON STREET SUITE 484
City-St-Zip: VANCOUVER, BC CANADA V6

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JAY WHEATLEY

P

07/15/2006

Electronic Signature of Signing Officer or Director

Date