## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 28, 2008 08:00 AN Secretary of State **DOCUMENT # P05000097612** PERMANENT CHOICE CLINIC, INCORPORATED Mailing Address Principal Place of Business 2756 BLUE HERON VILLAGE 2756 BLUE HERON VILLAGE **DELAND, FL 32720** DELAND, FL 32720 CR2E034 (11/05) 01042008 No Cha-P Applied For 4. FEI Number 20-3154589 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DAUNT, CATHERINE A 2756 BLUE HERON VILLAGE DELAND, FL 32720 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000926361 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 05/20/08-80063-008 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PVST** MLE DAUNT, CATHERINE A 2756 BLUE HERON VILLAGE STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby 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 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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**