2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120358

Entity Name: EXPRESS CLINIC, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
12221 SW : MIAMI, FL :						
Current Ma	ailing Addı	ess:	New Mailing Addres	New Mailing Address:		
12221 SW : MIAMI, FL :						
FEI Number:	16-1734160	FEI Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address o	f Current Registered Agent:	Name and Address	of New Registered Agent:		
11380 PRO 221 E	SPERITY F	IONS NETWORK, INC. FARMS ROAD INS, FL 33410 US				
The above in the State		y submits this statement for the purp	ose of changing its registere	ed office or registered agent, or both,		
SIGNATUR	E:					
	Electr	onic Signature of Registered Agent		Date		
Election Cam	paign Financ	ing Trust Fund Contribution ().				
OFFICERS	AND DIRE	CTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P SANTIAGO, 12221 SW 1 MIAMI, FL 3	32 CT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V BOFILL, LIN 12221 SW 1 MIAMI, FL 3	32 CT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	T MURILLO, F 12221 SW 1 MIAMI, FL 3	32 CT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	O MURILLO, Jo 12221 SW 1 MIAMI, FL 3	32 CT	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify 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: I	DELMY SANTIAGO	P	04/30/2008
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