

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000159451

FILED
Apr 21, 2009
Secretary of State

Entity Name: LYNGATE MEDICAL CLINIC CORP.

Current Principal Place of Business:

2425 AQUA VISTA BLVD.
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

6765 SUNSET STRIP
SUITE 1
SUNRISE, FL 33313

Current Mailing Address:

2425 AQUA VISTA BLVD.
FORT LAUDERDALE, FL 33301

New Mailing Address:

6765 SUNSET STRIP
SUITE 1
SUNRISE, FL 33313

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

Name and Address of Current Registered Agent:

HABIBI, KAM
2425 AQUA VISTA BLVD.
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

HABIBI, KAM
6765 SUNSET STRIP
SUITE 1
SUNRISE, FL 33313 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: KAM HABIBI

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HABIBI, BAHAM
Address: 2425 AQUA VISTA BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFFI (X) Change () Addition
Name: HABIBI, KAM
Address: 6765 SUNSET STRIP, SUITE 1
City-St-Zip: SUNRISE, FL 33313

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: KAM HABIBI

OFFI

04/21/2009

Electronic Signature of Signing Officer or Director

Date