

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000094835

FILED
Apr 30, 2008
Secretary of State

Entity Name: LAUDERHILL MEDICAL CLINIC, INC.

Current Principal Place of Business:

5548 W OAKLAND PARK BLVD
LAUDERHILL, FL 33313

New Principal Place of Business:

2764 W OAKLAND PARK BLVD
OAKLAND PARK, FL 33311

Current Mailing Address:

5548 W OAKLAND PARK BLVD
LAUDERHILL, FL 33313

New Mailing Address:

2764 W OAKLAND PARK BLVD
OAKLAND PARK, FL 33311

FEI Number: 20-5232064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUPERIOR ACCTG & TAX PREP SERVICES INC
123 NW 13TH STREET
SUITE 220
BOCA RATON, FL 33432 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ADAMS, GARY
Address: 5548 W OAKLAND PARK BLVD
City-St-Zip: LAUDERHILL, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: ADAMS, GARY
Address: 2764 W OAKLAND PARK BLVD
City-St-Zip: OAKLAND PARK, FL 33311

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: GARY ADAMS

PSTD

04/30/2008

Electronic Signature of Signing Officer or Director

Date