

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000101189

FILED  
Jan 29, 2008  
Secretary of State

Entity Name: AMERICA BEST CLINIC INC

**Current Principal Place of Business:**

7219 BENJAMIN RD  
UNID D  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

7219 BENJAMIN RD  
UNID D  
TAMPA, FL 33634

**New Mailing Address:**

FEI Number: 20-5318497      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VELANDIA, CARLOS E  
8405 N HIMES AVE  
209 B  
TAMPA, FL 33614 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: P ( ) Delete  
Name: CHACON, VANESSA  
Address: 2108 W CRAWFORD ST  
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: VANESSA CHACON

P

01/29/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date