2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000056504

1. Entity Name
PERDOMO CLINICAL CONSULTING INC.



FILED Jan 31, 2008 8:00 am Secretary of State

01-31-2008 90029 015 ***150.00

			6.1							
Principal Place of Business 2211 PAR MEADOWS LANE PLANT CITY, FL 33566 US		Mailing Address 2211 PAR MEADOWS LANE PLANT CITY, FL 33566 US								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
a. Thropartiade of business - No F.O. Box #		s. Walling Podices				28/11 169 (1 631) <u>1</u> 80111 891	ii dhial d hiam mil		HARI II HARI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01202008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State			4. FEI Numbe	068561	a	_ 	plied For at Applicable	
Zip	Country	Zíp	Country		5. Certificate	of Status Desired		8.75 Add		
6. Name and Address of Current Reg		Registered Agent	stered Agent		7. Name and Address of New Registered Agent					
DEDDOMO OLUBIED ID				Name						
2211 PAR), CHARLES JR MEADOWS L'ANE FY, FL 33566		Street Address			(P.O. Box Number is Not Acceptable)				
2 111 0111,12 03000										
				•			FL	Zip Cod	9	
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										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				□ \$5. Adde	00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	P CORPORATION	☐ Delete	TATLE					☐ Change	☐ Addition	
NAME Street address	PERDOMO, SUSAN 2211 PAR MEADOWS LANE		NAME STREET ADDR	« CC						
CITY-ST-ZIP	PLANT CITY, FL 33566		CITY-ST-ZIP	E33						
TITLE	VP	☐ Delete	ШЕ					☐ Change	Addition	
NAME			NAME						}	
STREET ADDRESS CITY-ST-ZIP	2211 PAR MEADOWS LANE		STREET ADDA	ESS						
TITLE	PLANT CITY, FL 33566		CITY-ST-ZIP					<u> </u>		
NAME		☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS			STREET ADOR	ESS						
CITY-ST-ZIP			CITY-ST-ZIP						ļ	
IIILE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAME							
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TITLE NAME		☐ Delete	title Name					☐ Change	Addition	
STREET ADDRESS			STREET ADDRE	ESS]	
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE	·	☐ Delete	TITLE			*		Change	☐ Addition	
NAME			NAME					-		
STREET ADDRESS CITY-ST-ZIP			STREET ADORS	ESS					ŀ	
	artifu that the information supplied with	this filing does not quatify for	CITY-ST-ZIP		in Charter 112	Marida Otto 1	4			

I nereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: