

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000057231

Entity Name: HEALTHGAIN CLINICS, INC.

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

2699 STIRLING RD., SUITE B101
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

2699 STIRLING RD., SUITE B101
FT. LAUDERDALE, FL 33312

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAINES, RICHARD
3389 SHERIDAN ST., #439
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

GAINES, RICHARD DR
3389 SHERIDAN ST., #439
HOLLYWOOD, FL 33021 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: RICHARD GAINES

01/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PO () Delete
Name: GAINES, RICHARD
Address: 3389 SHERIDAN ST., #439
City-St-Zip: HOLLYWOOD, L 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PO (X) Change () Addition
Name: GAINES, RICHARD DR
Address: 3389 SHERIDAN ST., #439
City-St-Zip: HOLLYWOOD, L 33021

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: RICHARD GAINES

PO

01/04/2008

Electronic Signature of Signing Officer or Director

Date