2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# P07000057231

Entity Name: HEALTHGAIN CLINICS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

2699 STIRLING RD., SUITE C201
FT. LAUDERDALE, FL 33312

Current Mailing Address:

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

New Mailing Address:

2699 STIRLING RD., SUITE C201
FT. LAUDERDALE, FL 33312

FEI Number: 20-4229554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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: RICHARD GAINES PO 03/17/2009

Electronic Signature of Signing Officer or Director Date