2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2010
Secretary of State

DOCUMENT# P09000034479

Entity Name: RALPH CLINIC CENTER, INC.

Current Principal Place of Business:

5456 HOFFNER AVENUE #205
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

5456 HOFFNER AVENUE #205
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 26-4708452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYES, LUIS
5448 HOFFNER AVENUE #205
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

REYES, LUIS
546 HOFFNER AVENUE #205
ORLANDO, FL 32812 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: LUIS REYES 05/06/2010
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: REYES, LUIS
Address: 5456 HOFFNER AVENUE #205
City-St-Zip: ORLANDO, FL 32812

I hereby 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 all other like empowered.

SIGNATURE: LUIS REYES PD 05/06/2010
Electronic Signature of Signing Officer or Director Date