

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000100833

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA MED CLINIC OF CLEARWATER, INC.

**Current Principal Place of Business:**

1840 N. HIGHLAND AVENUE  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

1840 N. HIGHLAND AVENUE  
CLEARWATER, FL 33755

**New Mailing Address:**

**FEI Number:** 59-3381344

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAIFI, ALI  
1840 N. HIGHLAND AVENUE  
CLEARWATER, FL 33755 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SAIFI, ALI  
Address: 1840 N. HIGHLAND AVENUE  
City-St-Zip: CLEARWATER, FL 33755

Title: SEC  
Name: SAIFI, ALI  
Address: 1840 N. HIGHLAND AVENUE  
City-St-Zip: CLEARWATER, FL 33755

Title: TREA  
Name: SAIFI, ALI  
Address: 1840 N. HIGHLAND AVENUE  
City-St-Zip: CLEARWATER, FL 33755

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: ALI SAIFI

PRES

02/24/2011

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

\_\_\_\_\_  
Date