2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000075022

Entity Name: CLINICAVE OF NW FLORIDA INC

FILED Mar 27, 2012 Secretary of State

Entity Nai	ne: GUNCA	VE OF INVV FLORIDA INC.		
Current Principal Place of Business:			New Principal Place of Business:	
4210 TANF MILTON, F				
Current Mailing Address:			New Mailing Address:	
4210 TANF MILTON, F				
FEI Number: 80-0643624		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
LUNSFOR 4210 TANF MILTON, F				
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATUR	RE:			
	Electror	iic Signature of Registered Age	ent	Date
OFFICERS	S AND DIREC	TORS:		
Title: Name: Address: City-St-Zip:	P LUNSFORD, JO 4210 TANFIELI MITLON, FL 32	O RD		

Title:

ADAMS, DAVID C Name: 6342 PARTRIDGE LANE Address: MILTON, FL 32570 City-St-Zip:

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: JOSHUA KYLE LUNSFORD **PRES** 03/27/2012