2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000001830

Entity Name: RENAISSANCE CLINIQUE, P.A.

ST. PETERSBURG, FL 33707 US

City-St-Zip:

FILED Jan 15, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2325 ULMERTON ROAD SUITE 27 CLEARWATER, FL 33762 US **New Mailing Address: Current Mailing Address:** 2325 ULMERTON ROAD SUITE 27 CLEARWATER, FL 33762 US FEI Number: 59-3215814 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: DREHSEN, RAPHAEL 7882 CAUŚEWAY BOULEVARD SOUTH ST. PETERSBURG, FL 33707 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DREHSEN, CHRISTIAN Name: Name: 2325 ULMERTON ROAD Address: Address: City-St-Zip: CLEARWATER, FL 33762 US City-St-Zip: Title: **VPS** () Delete Title: () Change () Addition Name: DREHSEN, RAPHAEL Name: 7882 CAUSEWAY BLVD. S. Address: 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: RAPHAEL DREHSEN VPS 01/15/2008