SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 14 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000015957 (1)**

1. Corporation Name
DATA CLINIC, INC.

Principal Place of Business	Mailing Address
1801 N.W. 184TH ST. MIAMI FL 33056	1801 N.W. 184TH ST. MIAMI FL 33056

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 4510 NW 173rd DRIVE
Suite, Apt. #, etc. 22:
City & State 23: MIAMI FL
Zip 24: 33055 Country 25: USA

2a. Mailing Address
26: 4510 NW 173rd DRIVE
Suite, Apt. #, etc. 27:
City & State 28: MIAMI FL
Zip 29: 33055 Country 30: USA

4. FEI Number: 65-0470534 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROMFIELD, CHRISTOPHER
1801 N.W. 184TH ST.
MIAMI FL 33056

10. Name and Address of New Registered Agent

81 Name: BROMFIELD, CHRISTOPHER
82 Street Address (P.O. Box Number is Not Acceptable): 4510 NW 173 RD DRIVE
83:
84 City: MIAMI FL 85 Zip Code: 33055

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 6/5/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	C/P/T	☑ Change ☐ Addition
NAME	BROMFIELD, CHRISTOPHER	1.2 NAME	BROMFIELD, CHRISTOPHER	
STREET ADDRESS	1801 N.W. 184TH ST.	1.3 STREET ADDRESS	4510 NW 173rd DRIVE	
CITY-ST-ZIP	MIAMI FL 33056	1.4 CITY-ST-ZIP	MIAMI, FL 33055	
TITLE		2.1 TITLE	S/D	☐ Change ☑ Addition
NAME		2.2 NAME	BENT, EVON	
STREET ADDRESS		2.3 STREET ADDRESS	701 SW 88 TERR	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PLANTATION, FL, 33324	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	$7/10	☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/5/95 (305) 628-0150
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032180 CP