

FILED
Aug 07, 2003 8:00 am
Secretary of State

07-03-2003 90032 007 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000015957			
1. Entity Name DATA CLINIC, INC.			
Principal Place of Business 850 IVES DAIRY RD SUITE T-50 MIAMI, FL 33179 US		Mailing Address P O BOX 551777 MIAMI, FL 33055 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 85-0470534		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
BROMFIELD, CHRISTOPHER 2120 NW 172 STREET MIAMI, FL 33066			
7. Name and Address of New Registered Agent			
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and date it applied (Date Registered Agent's Signature Required After Application)			
9. Election Campaign Financing - ☐ \$5.00 May Be Trust Fund Contribution. Added to Fees			
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
CPT BROMFIELD, CHRISTOPHER 2120 NW 172 ST MIAMI, FL			
BO BENT, EVON 701 SW 68 TERR PLANTATION, FL 33324			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>[Signature]</i> 5/30/03 305 785 8876			

DATA CLINIC, INC.

850 Ives Dairy Road . STE T-50 . Miami, FL 33179 . Tel: (305)652-9977 . Fax: (305)652-2562

Attachment

August 4, 2003

55053411

Florida Division of Corporations
P.O. Box 1500
Tallahassee, FL 32303-1500

Re: P94000015957

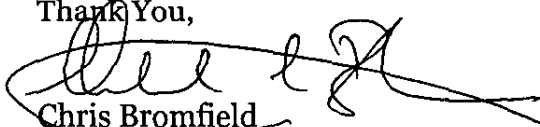
Dear Sir/Madam,

In receipt of your letter dated July, 7th 2003, your request for an additional \$400.00 as a late fee charge we believe is in error. The reason being, we never received a copy in the mail of your UBR to file. As a result we downloaded a copy from the sunbiz.org website which as you can see, is the copy we filed.

Having not received a mailed copy, we feel it is unfair to charge us a late fee when we took the initiative to search your site, find and download a copy of our UBR and file it before receiving your late notice.

We would greatly appreciate your assistance in resolving this matter.

Thank You,


Chris Bromfield
Registered Agent