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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.

55053611

Principal Place of Business	Mailing Address
850 IVES DAIRY RD SUITE T-50 MIAMI, FL 33179 US	P O BOX 551777 MIAMI, FL 33055 US

☐ CHECK HERE IF MAKING CHANGES

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 65-0470534 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROMFIELD, CHRISTOPHER 2120 NW 172 STREET MIAMI, FL 33056	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 ______________________ DATE

FILE NOW!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Check Payable to Florida Department of State

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT BROMFIELD, CHRISTOPHER 2120 NW 172 ST MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENT, EVON 701 SW 69 TERR PLANTATION, FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: ______________________ 5/30/03 305 785 5576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

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

August 4, 2003

550536011 5

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