

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 16 PM 2:58

DOCUMENT # P94000057681 (6)

1. Corporation Name  
**NATIONAL CLINIC CENTER, INC.**

Principal Place of Business: **10760 WEST FLAGLER ST. SUITE 11 SWEETWATER FL 33174**  
Mailing Address: **10760 WEST FLAGLER ST. SUITE 11 SWEETWATER FL 33174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/04/1994</b>	3a. Date of Last Report
4. FEI Number <b>65-0511943</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.002, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**PEREZ, ELEUTERIO  
10760 WEST FLAGLER ST.  
SUITE 11  
SWEETWATER FL 33174**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0105, Florida Statutes.

SIGNATURE: *[Signature]* **Jan 25/95**

12. OFFICERS AND DIRECTORS

111 NAME	D PEREZ, ELEUTERIO
112 STREET ADDRESS	10760 W. FLAGLER ST. SUITE 11
113 CITY, ST., ZIP	SWEETWATER FL 33174
114 TITLE	
115 NAME	
116 STREET ADDRESS	
117 CITY, ST., ZIP	
118 TITLE	
119 NAME	
120 STREET ADDRESS	
121 CITY, ST., ZIP	
122 TITLE	
123 NAME	
124 STREET ADDRESS	
125 CITY, ST., ZIP	
126 TITLE	
127 NAME	
128 STREET ADDRESS	
129 CITY, ST., ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

131 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Added
132 NAME	
133 STREET ADDRESS	
134 CITY, ST., ZIP	
135 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Added
136 NAME	
137 STREET ADDRESS	
138 CITY, ST., ZIP	
139 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Added
140 NAME	
141 STREET ADDRESS	
142 CITY, ST., ZIP	
143 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Added
144 NAME	
145 STREET ADDRESS	
146 CITY, ST., ZIP	

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 190.002, Florida Statutes. I further certify that the information included 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. But 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 my name appears in Block 12 or 13 of this filing or as an attachment with an address.

SIGNATURE: *[Signature]* **Jan 25/95** (305) 221-3275