

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000078486

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** DAYTONA BEACH HAND CLINIC, INC.

**Current Principal Place of Business:**

3635 S. CLYDE MORRIS BLVD., STE 300  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:**

**Current Mailing Address:**

3635 S. CLYDE MORRIS BLVD., STE 300  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

**FEI Number:** 59-3274762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AUNSPAUGH, VICKI  
6223 COQUINA CR  
PORT ORANGE, FL 32727 US

**Name and Address of New Registered Agent:**

AUNSPAUGH, VICKI  
6223 COQUINA CR  
PORT ORANGE, FL 32127 US

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: VICKI AUNSPAUGH

01/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: AUNSPAUGH, VICKI  
Address: 3635 S. CLYDE MORRIS BLVD., STE 300  
City-St-Zip: PORT ORANGE, FL 32129 US

I hereby 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 all other like empowered.

SIGNATURE: VICKI AUNSPAUGH

D

01/31/2011

Electronic Signature of Signing Officer or Director

Date