2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000042487

1. Entity Name
M D CLINIC, P.A.

Principal Place of Business	Mailing Address
9980 CENTRAL PARK BLVD #314 BOCA RATON, FL 33428	599 WEST ROYAL PALM RD BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

03212008   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0758582

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH ST
FT LAUDERDALE, FL 33311

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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 title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000874782
04/11/08-80006-011 150.00

10.   OFFICERS AND DIRECTORS

TITLE	CEO
NAME	STAMPALIA, ANTHONY M.D.
STREET ADDRESS	599 WEST ROYALK PALM RD
CITY-ST-ZIP	BOCA RATON, FL 33486

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   03-22-08   56-542-6127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #