

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099030

FILED
May 15, 2009
Secretary of State

Entity Name: POLYCLINIQUE DE WEST PALM BEACH, INC.

Current Principal Place of Business:

734 BELVEDERE ROAD
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

734 BELVEDERE ROAD
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 65-0794069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADET, J. PIERRE PAUL
734 BELVEDERE ROAD
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CADET, J. PIERRE PAUL
Address: 734 BELVEDERE ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JPPCADET

DR

05/15/2009

Electronic Signature of Signing Officer or Director

Date



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POLYCLINIQUE DE WEST PALM BEACH

JOSEPH PIERRE-PAUL CADET, M.D.

734 BELVEDERE ROAD

WEST PALM BEACH, FL 33405

Tel: (561) 835-8385 Fax: (561) 265-4884

E-mail: PPCadet@juno.com

AR filed 5/15/09
KS

05/15/09

Florida DOS Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314
ATT: Karen

RE: Refund
Payment ID Number: 27113385
Transaction Number: 500156048255
Document Number: P9700099030

Dear Karen,

I did not receive a notice. As per our conversation on the phone I am entitled to a refund of \$400.00. Therefore, I am waiting for a positive answer from you.

Sincerely,


Joseph Pierre-Paul Cadet, MD., MBA., PA.

MAKE CHECK PAYABLE TO:
JOSEPH P. CADET

AS PER PHONE CALL 5/26/2009(KS)