2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099030

City-St-Zip: WEST PALM BEACH, FL 33405

Entity Name: POLYCLINIQUE DE WEST PALM BEACH, INC.

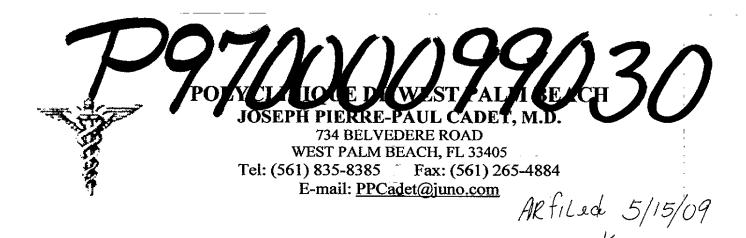
FILED May 15, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of	New Principal Place of Business:	
	'EDERE ROAD ALM BEACH, FL	33405				
Current Mailing Address:				New Mailing Address:		
	EDERE ROAD LM BEACH, FL	33405				
FEI Numbei	r: 65-0794069	FEI Numb	er Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of	Name and Address of New Registered Agent:	
734 BEĽV	I. PIERRE PAUL EDERE ROAD ALM BEACH, FL		US			
	e named entity si e of Florida.	ubmits this	s statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electroni	c Signatuı	e of Registered Age	ent	Date	
Election Ca	mpaign Financing	Trust Fund	Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	D () I CADET, J. PIERI			Title: Name:	()Change()Addition	

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



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: P97000099030

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 Pier Parl Cadet, MD., MBA., PA.

MAKE CHECK PAYABLE TO: JOSEPH P. CADET

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