2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 93024    Delete   TITLE   Change   Advance   A	1. Entity Nam	e	CLINICS, INC.	291				Secreta	ary of	State	9
PEMBROKE PINES FL 33024  2. Principal Place of Business  Suite, Apt. III, etc.  Suite, Apt.	•				}						
Suite, Apt. fl, etc.  Suite, Apt. fl, etc.  Suite, Apt. fl, etc.  City & State  City &			)24	PEMBR	OKE PINES FL	33024					
City & State  Country  S. Certificate of Status Desired   \$8.75 Additional   \$8.75 Additional   \$6.60 Registered Agent  F. Name and Address of Durrent Registered Agent  Name  EICHELHART, BRIAN G   9420 JOHNSON ST.   PEMBROKE PINES FL 33024  R. The above remode entity soluntist this statement for the purpose of changing fits registered office or registered agent, or both, in the State of Florida. I am familiar with, and sociate be obtained of the purpose of changing fits registered office or registered agent, or both, in the State of Florida. I am familiar with, and sociate be obtained of the purpose of changing fits registered office or registered agent, or both, in the State of Florida. I am familiar with, and sociate be obtained on the purpose of changing fits registered office or registered agent, or both, in the State of Florida. I am familiar with, and sociate be obtained on the purpose of changing fits registered office or registered agent, or both, in the State of Florida. I am familiar with, and sociate here obtained on the state of Florida. I am familiar with, and sociate here obtained on the state of Florida. I am familiar with, and sociate here obtained on the state of Florida. I am familiar with, and sociate here obtained on feet florida. I am familiar with, and sociate here obtained on feet florida. I am familiar with, and sociate here obtained on feet florida. I am familiar with, and sociate here of florida. I am familiar with, and sociate here.  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee Will Be \$550.00  Make Check Payable to Florida Department of \$11.  ADDITIONS/G-VANGES TO OFF ICENS AND DIRECTORS IN 11.  ADDITIONS/G-VANGES TO OFF ICENS AND DIRECTORS IN 11.  ADDITIONS/G-VANGES TO OFF ICENS AND DIRECTORS IN 11.  IN ADDITIONS/G-VANGES TO OFF ICENS AND DIRECTORS IN 11.  IN ADDITIONS G-VANGES TO OFF ICENS AND OFF	2. Principal P	tace of Busines	S	3. Mailin	g Address				4113 -4111 -4112 1-414		
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State Control   See   Sequence   Sequence   See   Sequence   Se	City & Stat	е		City &	State	}	4. FEI Number	65-08176	05		
Residence of the property of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State.  Of FICENS AND DIRECTORS  OF FILE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State.  OF FILE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State.  OF FILE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State.  OF FILE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State.  OF FILE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State.  OF FILE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State.  OF FILE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State.  OF FILE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State.  OF FILE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State.  OF FILE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State.  If It I ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS  If It I ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 11  If It I ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 12  Change Add to Fee In It I ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 12  Change Add to Fee In It I ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 12  OFFI ST 2P  OFFI ST 2P  OFFI ST 2P  OFFI ST 2P  If I ADDITIONS/CHANGES TO OFFI CHANGES TO	Zip		Country	Zip		Country	5. Certificate o	l Status Desired	<b>4</b> 🔲	\$8.75 A	dditional
EICHELHART, BRIAN G 9420 JOHNSON ST. PEMBROKE PINES FL 33024  8. The above named entity submits this statement for the purpose of oranging its registered algent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent.  SIGNATURE    FILE NOW!! FEE IS \$150.00	<del>_</del> · · · · ·	5. Name a	nd Address of Curre	nt Registered	Agent	li	7. Name and A	ddress of Nev	v Registered	Agent	
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