


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90023 043 ***150.00

DOCUMENT # P98000020297 1. Entity Name ACTION DISABILITY CLINICS, INC.																											
Principal Place of Business 9420 JOHNSON ST. PEMBROKE PINES FL 33024		Mailing Address 9420 JOHNSON ST. PEMBROKE PINES FL 33024																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 350395 Suite, Apt. #, etc.																									
City & State Zip		City & State FT. LAUDERDALE FL. Zip 33335																									
Country		Country USA																									
4. FEI Number 65-0817605		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent EICHELHART, BRIAN G 9420 JOHNSON ST. PEMBROKE PINES FL 33024		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ DATE 4/27/08 <small>Signature, type, or printed name of registered agent and the corporation. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PST</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>EICHELHART, BRIAN G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9420 JOHNSON ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES FL 33024</td> <td></td> </tr> </table>		TITLE	PST	<input type="checkbox"/> Delete	NAME	EICHELHART, BRIAN G		STREET ADDRESS	9420 JOHNSON ST		CITY-ST-ZIP	PEMBROKE PINES FL 33024		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #