

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90113 040 \*\*\*158.75

**DOCUMENT # P98000022848**

1. Entity Name  
CLIFFORD P. CLARK, III, M.D., P.A.



Principal Place of Business  
701 WEST MORSE BLVD.  
WINTER PARK, FL 32789 US

Mailing Address  
C/O DAVID L. SCHICK, ESQ  
PO BOX 3068  
ORLANDO, FL 32802-3068



03022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3497509

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CLARK, ELAINE  
770 VIA LOMBARDY  
WINTER PARK, FL 32789

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
CLARK, CLIFFORD P III  
701 W. MORSE BLVD.  
WINTER PARK, FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/06

Date

Daytime Phone #

GRAY|ROBINSON  
ATTORNEYS AT LAW

David L. Schick

407-244-5618

DSCHICK@GRAY-ROBINSON.COM

SUITE 1400  
301 EAST PINE STREET (32801)  
P.O. Box 3068  
ORLANDO, FL 32802-3068  
TEL 407-843-8880  
FAX 407-244-5690  
gray-robinson.com

CLERMONT  
FORT LAUDERDALE  
JACKSONVILLE  
KEY WEST  
LAKE LAND  
MELBOURNE  
NAPLES  
ORLANDO  
TALLAHASSEE  
TAMPA

20016085  
#P98000022848

March 13, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 2006 For Profit Corporation Annual Report  
Clifford P. Clark, III, M.D., P.A.

Dear Clerk:

Please accept for filing the enclosed, fully executed, 2006 for Profit Corporation Annual Report for the above-referenced professional association. Also enclosed is our client's check in the amount of \$158.75 to cover the costs of filing the annual report (\$150) and for the certificate of status we are requesting (\$8.75).

If you require any additional information, please let me know.

Sincerely,

David L. Schick

DLS/slc

Enclosures

cc: Dr. Clifford P. Clark, III w/o enclosures