

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000022848

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** CLIFFORD P. CLARK, III, M.D., P.A.

**Current Principal Place of Business:**

701 WEST MORSE BLVD.  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DAVID L. SCHICK, ESQ  
200 S. ORANGE AVENUE, SUITE 2300  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 59-3497509

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARK, ELAINE  
770 VIA LOMBARDY  
WINTER PARK, FL 32789 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: CLARK, CLIFFORD P III  
Address: 701 W MORSE BLVD.  
City-St-Zip: WINTER PARK, FL 32789

I hereby 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 all other like empowered.

SIGNATURE: CLIFFORD P. CLARK, III

P

02/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date