2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2005
Secretary of State

DOCUMENT# P99000027407

Entity Name: COMPLETE CARE CLINIC, INC.

Current Principal Place of Business:

4039 W. KENNEDY BLVD
TAMPA, FL 33609

New Principal Place of Business:

14502 N. DALE MABRY
SUITE 200-49
TAMPA, FL 33618

Current Mailing Address:

4039 W. KENNEDY BLVD
TAMPA, FL 33609

New Mailing Address:

4422 CASEY LAKE BLVD.
TAMPA, FL 33618

FEI Number: 59-3565200 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORITZ, JEFFREY S
4039 W. KENNEDY BLVD
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

PORITZ, JEFFREY S
4422 CASEY LAKE BLVD.
TAMPA, FL 33618 US

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: JEFFREY S. PORITZ 10/09/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PORITZ, KAREN
Address: 4039 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33609

Title: ST ( ) Delete
Name: PORITZ, JEFFREY S
Address: 4039 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PORITZ, KAREN
Address: 4422 CASEY LAKE BLVD.
City-St-Zip: TAMPA, FL 33618

Title: ST (X) Change ( ) Addition
Name: PORITZ, JEFFREY S
Address: 4422 CASEY LAKE BLVD.
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEFFREY S. PORITZ ST 10/09/2005
Electronic Signature of Signing Officer or Director Date