

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000033438

FILED
Apr 12, 2006
Secretary of State

Entity Name: WESTON MEDICAL CLINIC, INC.

Current Principal Place of Business:

17120 ARVIDA PKWY
STE 4
WESTON, FL 33326 US

Current Mailing Address:

17120 ARVIDA PKWY
STE 4
WESTON, FL 33326 US

FEI Number: 65-0938092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLE, PHANOR
17120 ARVIDA PARKWAY
SUITE 4
WESTON, FL 33326 US

New Principal Place of Business:

17120 ROYAL PALM BLVD
STE 4
WESTON, FL 33326 US

New Mailing Address:

17120 ROYAL PALM BLVD
STE 4
WESTON, FL 33326 US

Name and Address of New Registered Agent:

CALLE, PHANOR
17120 ROYAL PALM BLVD
SUITE 4
WESTON, FL 33326 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: _____

Electronic Signature of Registered Agent

04/12/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: CALLE, PHANOR
Address: 17120 ARVIDA PARKWAY SUITE 4
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: CALLE, PHANOR
Address: 17120 ROYAL PALM BLVD SUITE 4
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PHANOR CALLE

PSVT

04/12/2006

Electronic Signature of Signing Officer or Director

Date