

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S40901

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** WHITE CRANE CLINIC, INC.

**Current Principal Place of Business:**

9 HIBISCUS ST.  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

9 HIBISCUS ST.  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

**FEI Number:** 59-3056050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SULLIVAN, KATHLEEN M.  
9 HIBISCUS ST.  
TARPON SPRINGS, FL 34689 US

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

SULLIVAN, KATHLEEN M  
9 HIBISCUS ST.  
TARPON SPRINGS, FL 34689 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: KATHLEEN M. SULLIVAN

04/13/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SULLIVAN, PATRICK S  
Address: 9 HIBISCUS ST.  
City-St-Zip: TARPON SPRINGS, FL

Title: D  
Name: SULLIVAN, KATHLEEN M  
Address: 9 HIBISCUS ST.  
City-St-Zip: TARPON SPRINGS, FL

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: KATHLEEN M. SULLIVAN

D

04/13/2010

Electronic Signature of Signing Officer or Director

Date