

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # V21538

1. Entity Name
MEDICAL CLINIC MANAGEMENT, INC.



Principal Place of Business

**C/O JACK LEVINE P.A.
16855 NORTHEAST 2ND AVENUE SUITE 303
N. MIAMI BEACH, FL 33162**

Mailing Address

**C/O JACK LEVINE P.A.
16855 NORTHEAST 2ND AVENUE SUITE 303
N. MIAMI BEACH, FL 33162**



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0320667

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BERGER, MARK
C/O JACK LEVINE P.A.
16855 NORTHEAST 2ND AVENUE SUITE 303
NORTH MIAMI BEACH, FL 33162**

**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, 2008 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
**D
BERGER, MARK
16855 N.E. 2ND AVE.S-303
N. MIAMI BEACH, FL**

TITLE
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U00000888884
04/22/08-80077-004 150.00

**DO NOT WRITE
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

Date

Daytime Phone #

4-7-08 305-651-0400