

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V39777

Entity Name: JAY CLINIC INC.

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

**Current Principal Place of Business:**

571 AVENUE K, S.E.  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

571 AVENUE K, S.E.  
WINTER HAVEN, FL 33880

**New Mailing Address:**

FEI Number: 59-3123622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEHTA, JITENDRA  
571 AVENUE K, S.E.  
WINTER HAVEN, FL 33880 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: PD  
Name: MEHTA, JITENDRA  
Address: 571 AVE. K. S.E.  
City-St-Zip: WINTER HAVEN, FL 33880

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: JITENDRA MEHTA

PD

02/14/2012

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

\_\_\_\_\_  
Date