

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703092

Entity Name: CLINIC BENEFIT SOCIETY, INCORPORATED

Current Principal Place of Business:

C/O RIGEL, ROBERT
HOFFMAN ST & LEWIS AVE
PENNEY FARMS, FL 32079

Current Mailing Address:

P.O. BOX 39
HOFFMAN ST & LEWIS AVE
PENNEY FARMS, FL 32079 US

FEI Number: 59-1001037

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIGEL, ROBERT PRES
3495 HOFFMAN STR
PENNEY FARMS, FL 32079 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

Date

Officer/Director Detail :

Title PD
Name DYKE, JANIS
Address 4425 CLARK
City-State-Zip: PENNEY FARMS FL 32079

Title VD
Name HILPERT, ARNIE
Address 3516 MORTON STREET
City-State-Zip: PENNEY FARMS FL 32079

Title T
Name PITTMAN, ELTON
Address 4335 OTT
APT. 401-A
City-State-Zip: PENNEY FARMS FL 32079

Title VD
Name MUELLER, JEAN
Address 3465 MORTON STREET, APT. 102-D
City-State-Zip: PENNEY FARMS FL 32079

Title S
Name HAINES, MARGY
Address 3495 HOFFMAN STREET
APT. F-23
City-State-Zip: PENNEY FARMS FL 32079

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELTON PITTMAN

TREASURER

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date