2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2013
Secretary of State
CC0157580374

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	FISHER, ROBERT
Address	4210 WILBANKS AVENUE
City-State-Zip:	PENNEY FARMS FL 32079

Title	VD
Name	WELCH, PAUL
Address	3507 DWIGHT STREET
City-State-Zip:	PENNEY FARMS FL 32079

Title	T
Name	LIERMAN, PAUL
Address	3480 CAROLINE, APT. 308-B
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	4455 POLING BLVD. APT 107-E
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: ROBERT FISHER — PRESIDENT — 02/28/2013

Electronic Signature of Signing Officer/Director Detail — Date