

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009531

Entity Name: CLINIC OF ANGELS, INC.

Current Principal Place of Business:

9804 NORTH 56TH ST.
TEMPLE TERRACE, FL 33617

Current Mailing Address:

9804 NORTH 56TH ST.
TEMPLE TERRACE, FL 33617

FEI Number: 81-0661679

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARTON, BERNARD
100 NORTH TAMPA ST., STE. 4100
TAMPA, FL 33602 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 DR.
Name CICHON, MICHAEL JM.D.
Address 1611 RIVERHILLS DR.
City-State-Zip: TAMPA FL 33617

Title MR.
Name GIAMPOLI, JOHN
Address 27220 RIDGE LAKE COURT
City-State-Zip: BONITA BAY FL 34134

Title MR.
Name D'AGOSTINO, PAUL
Address 7811 CAPWOOD AVE.
City-State-Zip: TEMPLE TERRACE FL 33637

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: MICHAEL J. CICHON

PRESIDENT

01/29/2014

Electronic Signature of Signing Officer/Director Detail

Date