2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2013
Secretary of State
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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.	Title	MRS.
Name	CICHON, MICHAEL JM.D.	Name	MURMAN, SANDRA L
Address	1611 RIVERHILLS DR.	Address	410 BLANCA AVENUE
City-State-Zip:	TAMPA FL 33617	City-State-Zip:	TAMPA FL 33606
Title	MR.	Title	MR.
Name	GIAMPOLI, JOHN	Name	D'AGOSTINO, PAUL
Address	27220 RIDGE LAKE COURT	Address	7811 CAPWOOD AVE.
City-State-Zip:	BONITA BAY FL 34134	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 MD FOUNDER 01/25/2013

Electronic Signature of Signing Officer/Director Detail — Date