

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000009381

Entity Name: MYCLINIC INC.

Current Principal Place of Business:

411 W. INDIANTOWN ROAD
JUPITER, FL 33458

Current Mailing Address:

411 W. INDIANTOWN ROAD
JUPITER, FL 33458 US

FEI Number: 80-0653642

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PEPPER, AMY L
411 W. INDIANTOWN ROAD
JUPITER, FL 33458 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: AMY L PEPPER

01/16/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VC
Name BROWN, DOUGLAS
Address 411 W. INDIANTOWN ROAD
City-State-Zip: JUPITER FL 33458

Title CHAIRMAN
Name SUROWITZ, RONALD DR.
Address 411 W. INDIANTOWN ROAD
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name HEARING, DONALDSON
Address 411 W. INDIANTOWN ROAD
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name CORDERO, SUZANNE
Address 411 W. INDIANTOWN ROAD
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name DROURR, CATHERINE DR.
Address 411 W. INDIANTOWN ROAD
City-State-Zip: JUPITER FL 33458

Title SECRETARY
Name BYRD, BARRY
Address 411 W. INDIANTOWN ROAD
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name CICH, BRIAN
Address 411 W. INDIANTOWN ROAD
City-State-Zip: JUPITER FL 33458

Title DIRECTOR, TREASURER
Name ERICKSON, DEBRA
Address 411 W. INDIANTOWN ROAD
City-State-Zip: JUPITER FL 33458

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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: RONALD SUROWITZ

CHAIRMAN

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LAMBRECHT, JAIME DR.
Address 411 W.INDIANTOWN RD
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name SEELEY, STEVEN
Address 411 W. INDIANTOWN ROAD
City-State-Zip: JUPITER FL 33458