

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009381

**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

02/13/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title DIRECTOR  
Name WHITBECK, 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 DIRECTOR, 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:** DOUGLAS BROWN

DIRECTOR, CHAIRMAN

02/13/2024

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