

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009381

Entity Name: MYCLINIC INC.

Current Principal Place of Business:

6405 W. INDIANTOWN ROAD B
JUPITER, FL 33458

Current Mailing Address:

6405 W. INDIANTOWN ROAD B
JUPITER, FL 33458 US

FEI Number: 80-0653642

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PEPPER, AMY L
6405 W. INDIANTOWN ROAD B
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

03/14/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BRANDT, STACEY
Address 6405 W. INDIANTOWN ROAD B
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name BROWN, DOUG
Address 6405 W. INDIANTOWN ROAD B
City-State-Zip: JUPITER FL 33458

Title VC
Name COURIS, JOHN D
Address 6405 W. INDIANTOWN ROAD B
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name LAMBRECHT, NANCY
Address 6405 W. INDIANTOWN ROAD B
City-State-Zip: JUPITER FL 33458

Title SECRETARY
Name PEPPER, AMY L
Address 6405 W. INDIANTOWN ROAD B
City-State-Zip: JUPITER FL 33458

Title CHAIRMAN
Name SUROWITZ, RON DR.
Address 6405 W. INDIANTOWN ROAD B
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name HEARING , DONALDSON
Address 6405 W. INDIANTOWN ROAD B
City-State-Zip: JUPITER FL 33458

Title TREASURER
Name CORDERO, SUZANNE
Address 6405 W. INDIANTOWN ROAD B
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: AMY PEPPER

SECRETARY

03/14/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DROURR, CATHY DR.
Address 6405 W. INDIANTOWN ROAD B
City-State-Zip: JUPITER FL 33458