

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000009328

Entity Name: POSITIVE SOLUTIONS CLINICS INC

Current Principal Place of Business:

14502 N. DALE MABRY HWY
SUITE 200
TAMPA, FL 33618

Current Mailing Address:

14502 N. DALE MABRY HWY
SUITE 200
TAMPA, FL 33618 US

FEI Number: 27-1765021

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PENA, MARK
334 S. HYDE PARK AVENUE
TAMPA, FL 33606 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 MANAGER
Name JANNOUN, SAEB
Address 14502 N. DALE MABRY HWY
 SUITE 200
City-State-Zip: TAMPA FL 33618

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAEB JANNOUN

MANAGER

04/23/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date