

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S40901

**Entity Name:** WHITE CRANE CLINIC, INC.

**Current Principal Place of Business:**

9 HIBISCUS ST.  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

9 HIBISCUS ST.  
TARPON SPRINGS, FL 34689

**FEI Number: 59-3056050**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SULLIVAN, KATHLEEN M  
9 HIBISCUS ST.  
TARPON SPRINGS, FL 34689 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	D	Title	D
Name	SULLIVAN, PATRICK S	Name	SULLIVAN, KATHLEEN M
Address	9 HIBISCUS ST.	Address	9 HIBISCUS ST.
City-State-Zip:	TARPON SPRINGS FL	City-State-Zip:	TARPON SPRINGS FL

*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: KATHLEEN M SULLIVAN**

**AGENT**

**04/19/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date