

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90175 017 \*\*\*158.75

**DOCUMENT # P92000002736**

1. Entity Name  
**CLINICAL MEDICAL SERVICES, INC.**

Principal Place of Business      Mailing Address  
 2170 WEST 73 STREET      2170 WEST 73 STREET  
 HIALEAH FL 33016      HIALEAH FL 33016-1820

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0396476**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WILSON, J. EVERETT**  
**2151 LEJEUNE RD**  
**MEZZANINE FLR**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>RODRIGUEZ, RAUL</b> <b>2170 WEST 73RD STREET</b> <b>HIALEAH FL 33016</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(Chg. Address only)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14101 Commerce Way</b> <b>Miami Lakes, FL 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement thereto is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **RODRIGUEZ, RAUL**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-31-00**      Telephone # \_\_\_\_\_

CR2E034 (9/99)