

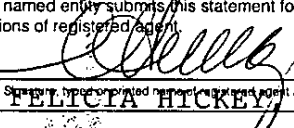
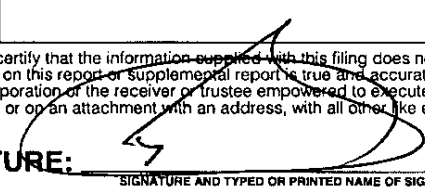


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90326 006 \*\*\*150.00

<b>DOCUMENT # P92000002736</b>					
1. Entity Name CLINICAL MEDICAL SERVICES, INC.					
Principal Place of Business 14101 COMMERCE WAY HIALEAH, FL 33016		Mailing Address 14101 COMMERCE WAY HIALEAH, FL 33016		<p style="font-size: 24pt; text-align: center;"><b>50039545</b></p> 	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03102005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>65-0396476</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILSON, J. EVERETT 2151 LEJEUNE RD MEZZANINE FLR CORAL GABLES, FL 33134			Name <b>CORPORATION COMPANY OF MIAMI</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 S. Biscayne Boulevard</b> Suite 1500 (EJW) City <b>Miami</b> FL Zip Code <b>33131</b>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE <b>3-21-05</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>FELICIA HICKEY, Asst. Secretary of Corporation Company of Miami</b>			(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, RAUL	NAME			
STREET ADDRESS	14101 COMMERCE WAY	STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33016	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 supplemental report 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date <b>04-12-05</b> Daytime Phone # <b>305-826-0244</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>Raul Rodriguez, President</b>		