

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000002736

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

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

**Current Principal Place of Business:**

14101 COMMERCE WAY  
HIALEAH, FL 33016

**New Principal Place of Business:**

INDUSTRIALVILLE  
STATE ROAD 190, KM 1.5 LOT 5  
CAROLINA, PR 00983

**Current Mailing Address:**

14101 COMMERCE WAY  
HIALEAH, FL 33016

**New Mailing Address:**

P O BOX 3569  
CAROLINA, PR 00984

**FEI Number:** 65-0396476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD.  
SUITE 1500 ( EJW)  
MIAMI, FL 33131 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: RODRIGUEZ, RAUL  
Address: 14101 COMMERCE WAY  
City-St-Zip: HIALEAH, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAUL RODRIGUEZ

PST

04/26/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date