

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000002736

FILED
May 07, 2007
Secretary of State

Entity Name: CLINICAL MEDICAL SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P O BOX 3569
CAROLINA, PR 00984

New Mailing Address:

14101 COMMERCE WAY
MIAMI LAKES, FL 33016

FEI Number: 65-0396476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 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

05/07/2007

Electronic Signature of Signing Officer or Director

Date