2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005
Secretary of State

DOCUMENT# P96000059672

Entity Name: CLINICAL HEALTH SERVICES, INC.

Current Principal Place of Business:

3314 HENDERSON BLVD
#211
TAMPA, FL 33609

New Principal Place of Business:

5015 N. CLARK AVE.
TAMPA, FL 33614

Current Mailing Address:

4532 W. KENNEDY BLVD
SUITE 110
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3394292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LENOIR, JOHN J
605 S MATANZAS AVE. #A
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

LENOIR, JOHN J
3915 W. SAN RAFAEL ST.
TAMPA, FL 33629 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: JOHN LENOIR 03/09/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LENOIR, JOHN J
Address: 605 A S MATANZAS AVE.
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LENOIR, JOHN J
Address: 3915 W. SAN RAFAEL ST.
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN J. LENOIR P 03/09/2005
Electronic Signature of Signing Officer or Director Date