2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059672

Entity Name: CLINICAL HEALTH SERVICES, INC.

FILED Jul 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5015 N. CLARK AVE. TAMPA, FL 33614 **Current Mailing Address: New Mailing Address:** 4532 W. KENNEDY BLVD SUITE 110 TAMPA, FL 33609 FEI Number: 59-3394292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LENOIR, JOHN J 3915 W. SAN RAFAEL ST. TAMPA, FL 33629 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LENOIR, JOHN J Name: Name:

3915 W. SAN RAFAEL ST. Address: Address: City-St-Zip: TAMPA, FL 33629 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 Statutés. 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 **PRES** 07/13/2006