

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059672

Entity Name: CLINICAL HEALTH SERVICES, INC.

Current Principal Place of Business:

5129 W. IDLEWILD AVE
TAMPA, FL 33634

Current Mailing Address:

PO BOX 151375
TAMPA, FL 33684 US

FEI Number: 59-3394292

Certificate of Status Desired: No

Name and Address of Current 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LENOIR, JOHN J
Address 3915 W. SAN RAFAEL ST.
City-State-Zip: TAMPA FL 33629

I hereby 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 all other like empowered.

SIGNATURE: JOHN LENOIR

PRESIDENT

01/26/2018

Electronic Signature of Signing Officer/Director Detail

Date