


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # F00000006764</b><br>1. Entity Name<br><b>CLINICAL LABFORCE OF AMERICA, INC.</b> |  |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                       |                                                                           |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br><b>415 CROSSWAYS PARK DRIVE<br/>WOODBURY, NY 11797</b> | Mailing Address<br><b>415 CROSSWAYS PARK DRIVE<br/>WOODBURY, NY 11797</b> |
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>11-3549538</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent  
  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                               |                                                                                                                           |  |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |  |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                         |                                                                             |
|----------------------------------------------------|-----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PTDC<br>MACCARRONE, HARRY V<br>415 CROSSWAYS PARK DR<br>WOODBURY, NY 11797  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SVPF<br>ENDE, ROBERT F<br>415 CROSSWAYS PARK DR<br>WOODBURY, NY 11797       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPS<br>ANNICELLI, LINDA<br>415 CROSSWAYS PARK DRIVE<br>WOODBURY, NY 11797   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPAS<br>FELTMAN, ARTHUR A<br>415 CROSSWAYS PARK DRIVE<br>WOODBURY, NY 11797 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>GOLIO, TERESA<br>415 CROSSWAYS PARK DR<br>WOODBURY, NY 11797          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>CLAIBORNE, DIANE<br>415 CROSSWAYS PARK DR<br>WOODBURY, NY 11797       |

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03/31/05-80024-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur A. Feltman **Arthur A. Feltman, VP & Asst. Sec.** 3/21/05 (516)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #