


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000005385 1. Entity Name CLINICAL SERVICES MANAGEMENT, P.C.	
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Principal Place of Business 6 PROSPECT STREET STE. 3B-C MIDLAND PARK, NJ 07432	Mailing Address 6 PROSPECT STREET STE. 3B-C MIDLAND PARK, NJ 07432
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DO NOT WRITE IN THIS SPACE



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3524246	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLUM, CRAIG R
6510 FLORIDANA AVENUE
MELBOURNE BEACH, FL 32951

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASTRAS, PETER 107 MARTHA ROAD HARRINGTON PARK, NJ 07640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIGGINS, CHARLES 141 ALLAMUCHY ROAD ANDOVER, NJ 07821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SAXTON-LOPEZ, NANCY 191 ORCHARD PLACE RIDGEWOOD, NJ 07450
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03/22/05-80019-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Peter Pastras, President 3/14/05 201-652-4702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #