

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005385

FILED
Mar 09, 2006
Secretary of State

Entity Name: CLINICAL SERVICES MANAGEMENT, P.C.

Current Principal Place of Business:

6 PROSPECT STREET STE. 3B-C
MIDLAND PARK, NJ 07432

New Principal Place of Business:

Current Mailing Address:

6 PROSPECT STREET STE. 3B-C
MIDLAND PARK, NJ 07432

New Mailing Address:

FEI Number: 22-3524246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: PASTRAS, PETER
Address: 107 MARTHA ROAD
City-St-Zip: HARRINGTON PARK, NJ 07640

Title: VP () Delete
Name: HIGGINS, CHARLES
Address: 141 ALLAMUCHY ROAD
City-St-Zip: ANDOVER, NJ 07821

Title: ST () Delete
Name: SAXTON-LOPEZ, NANCY
Address: 191 ORCHARD PLACE
City-St-Zip: RIDGEWOOD, NJ 07450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 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: PETER PASTRAS

P

03/09/2006

Electronic Signature of Signing Officer or Director

Date