

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005385

FILED  
Jan 25, 2007  
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

01/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date