

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90003 017 ***150.00

DOCUMENT # F05000004995

1. Entity Name
PRAXIS CLINICAL SERVICES, INC.



Principal Place of Business
**875 N MICHIGAN AVE, SUITE 4020
CHICAGO, IL 60611**

Mailing Address
**875 N MICHIGAN AVE, SUITE 4020
CHICAGO, IL 60611**

50024734



07182006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3311187

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
HAMILTON, TODD
875 N MICHIGAN AVE, SUITE 4020
CHICAGO, IL 60611**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MCNALLY, WARD
900 N. MICHIGAN AVENUE
CHICAGO, IL 60611**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
NELSON, GORDON L JR.
1751 LAKE COOK ROAD, SUITE 550
DEERFIELD, IL 60015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
RIST, STEVEN L
4520 MAIN STREET, SUITE 1100
KANSAS CITY, MO 64111**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
ALBERT, MITCHELL E
4520 MAIN STREET, SUITE 1100
KANSAS CITY, MO 64111**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
FISHER, G. ROBERT
4520 MAIN STREET, SUITE 1100
KANSAS CITY, MO 64111**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/31/08

714-415-3663

ATTACHMENT

50024734

PRAXIS CLINICAL SERVICES, INC.

2006 ~~FOR PROFIT~~ CORPORATION ANNUAL REPORT

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ATTACHMENT

TITLE : CFO
NAME : DAN NGUYEN
STREET ADDRESS: 17772 E. 17TH ST., SUITE 205
CITY-ST-ZIP : TUSTIN, CA 92780

ATTACHMENT