

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000002741

1. Entity Name
PRAXIS CLINICAL SERVICES, INC.



Principal Place of Business
4225 E. LA PALMA AVE.
ANAHEIM, CA 92807

Mailing Address
4225 E. LA PALMA AVE.
ANAHEIM, CA 92807



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0554113

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
SUITE 4
WESTON, FL 33331

**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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SECHRIST, RONALD 4225 E LA PALMA AVE ANAHEIM, CA 92807
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAYER, TERRY 12 WHITESAND DR NEWPORT COAST, CA 92657
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NGUYEN, DAN 4225 E LA PALMA AVE ANAHEIM, CA 92807
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROLLINS, JACK 4225 E. LA PALMA AVE ANAHEIM, CA 92807
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000315832
04/19/05-80052-021 150.00

**DO NOT WRITE
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)(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:

Dan Nguyen

DAN NGUYEN

4/14/05

714-579-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #