

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006915

Entity Name: CLINFORCE, INC.

FILED  
Jan 11, 2005  
Secretary of State

## Current Principal Place of Business:

6551 PARK OF COMMERCE BLVD NW  
STE 200  
BOCA RATON, FL 33487 US

## New Principal Place of Business:

## Current Mailing Address:

6551 PARK OF COMMERCE BLVD NW  
STE 200 - ATTN: SHELLEY KAYE  
BOCA RATON, FL 33487 US

## New Mailing Address:

6551 PARK OF COMMERCE BLVD NW  
ATTN: STEPHANIE PAPOULIS  
BOCA RATON, FL 33487 US

FEI Number: 71-0802094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: SIMS, ANTHONY L  
Address: 4815 EMPEROR BLVD., #300  
City-St-Zip: DURHAM, NC 27703

Title: EVP ( ) Delete  
Name: BOSHART, JOSEPH A  
Address: 6551 PARK OF COMMERCE BLVD., NW #200  
City-St-Zip: BOCA RATON, FL 33487

Title: VP ( ) Delete  
Name: HENSEL, EMIL  
Address: 6551 PARK OF COMMERCE BLVD., NW #200  
City-St-Zip: BOCA RATON, FL 33487

Title: A/T ( ) Delete  
Name: LEWIS, DANIEL  
Address: 6551 PARK OF COMMERCE BLVD., NW #200  
City-St-Zip: BOCA RATON, FL 33487

Title: S ( ) Delete  
Name: RUBIN, STEPHEN W  
Address: 1585 BROADWAY  
City-St-Zip: NEW YORK, NY 10036

Title: A/S ( ) Delete  
Name: SUSAN, BALL  
Address: 6551 PARK OF COMMERCE BLVD., NW #200  
City-St-Zip: BOCA RATON, FL 33487

## 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:

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 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 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: SUSAN BALL

A/S

01/11/2005

Electronic Signature of Signing Officer or Director

Date