

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G26461

FILED  
Mar 14, 2006  
Secretary of State

Entity Name: CLINICAL CONCEPTS, INC.

**Current Principal Place of Business:**

417 E SHERIDAN ST  
SUITE 133  
DANIA, FL 33044 US

**New Principal Place of Business:**

**Current Mailing Address:**

417 E SHERIDAN ST  
SUITE 133  
DANIA, FL 33004 US

**New Mailing Address:**

FEI Number: 59-2265774      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARKS, O.J.  
808 POLK STREET  
HOLLYWOOD, FL 33019 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: DPS ( ) Delete  
Name: MARKS, O J,  
Address: 808 POLK STREET  
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP ( ) Delete  
Name: MARKS, CAROLYN  
Address: 808 POLK STREET  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: O J MARKS

PRES

03/14/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date