## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G26461

Entity Name: CLINICAL CONCEPTS, INC.

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

417 E SHERIDAN ST
SUITE 133
SUITE 13

DANIA, FL 33044 US

Current Mailing Address: New Mailing Address:

417 E SHERIDAN ST
SUITE 133
DANIA, FL 33004 US

1819 W. TRAFALGAR CIR.
HOLLYWOOD, FL 33020 US

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

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

MARKS, O.J.

808 POLK STREET

HOLLYWOOD, FL 33019 US

MARKS, CAROLYN E PRES.

1819 W. TRAFALGAR CIR.

HOLLYWOOD, FL 33020 US

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: CAROLYN E. MARKS 01/15/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 MARKS, CAROLYN
 Name:
 MARKS, CAROLYN E

 Address:
 808 POLK STREET
 Address:
 1819 W. TRAFALGAR CIR

 City-St-Zip:
 HOLLYWOOD, FL 33019
 City-St-Zip:
 HOLLYWOOD, FL 33020 US

I hereby certify that the information supplied with this filing does not qualify 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: CAROLYN E. MARKS PRES 01/15/2009