

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G54917

FILED
Feb 10, 2005
Secretary of State

Entity Name: CLINICAL PROVIDER ORGANIZATION, INC.

Current Principal Place of Business:

441 S. STATE RD 7 #5
MARGATE, FL 33068 US

New Principal Place of Business:

Current Mailing Address:

441 S. STATE RD 7 #5
MARGATE, FL 33068 US

New Mailing Address:

FEI Number: 59-2320654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DISHER, CAROL
435 N.E. 6 ST.
POMPANO BEACH, FL 33060 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: PT () Delete
Name: DISHER, CAROL L.,
Address: 435 N.E. 6 ST.
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CAROL DISHER

PRES

02/10/2005

Electronic Signature of Signing Officer or Director

Date