

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90016 030 ***150.00

DOCUMENT # G54917

1. Entity Name
CLINICAL PROVIDER ORGANIZATION, INC.



Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2320654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DISHER, CAROL
435 N.E. 6 ST.
POMPANO BEACH, FL 33060**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
PT	DISHER, CAROL L.	435 N.E. 6 ST.	POMPANO BEACH, FL 33060
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #