


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000063260</b>	
1. Entity Name CLINICAL ASSOCIATES OF THE PALM BEACHES P.A.	

Principal Place of Business 1920 PALM BEACH LAKES BLVD. 102 WEST PALM BEACH, FL 33409	Mailing Address 1920 PALM BEACH LAKES BLVD. 102 WEST PALM BEACH, FL 33409
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02102006 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0013116	Applied For Not Applicable
5. Certificate of Status Oskred <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SCHOLLE, JANET L 1920 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33409
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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 reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOLLE, JANET 1920 PALM BEACH LAKES BLVD. #102 WEST PALM BEACH, FL 33409
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000000470888  
03/28/06-80032-019 150.00

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:**  **3/17/06 561-683-3371**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #