


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000061510	
1. Entity Name CLINICAL NETWORKS, INC.	

Principal Place of Business 3501 S UNIVERSITY DR FT LAUDERDALE, FL 33328	Mailing Address C/O IVAN A GOMEZ, P.A. 601 BRICKELL KEY DR STE 507 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



02192005 No Chg-P GR2E034 (10/03)

4. FEI Number 30-0193662	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

IAG CORPORATE SERVICES, INC. 601 BRICKELL KEU DR STE 507 MIAMI, FL 33131
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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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOWARD, JAMES H
STREET ADDRESS	3501 S UNIVERSITY DR
CITY - ST - ZIP	FT LAUDERDALE, FL 33328
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	

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03/14/05-80070-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

3/11/05 (954) 3700551
Date Daytime Phone #