

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070695

FILED
Aug 13, 2004
Secretary of State

Entity Name: CLINICAL CONSULTANTS OF FLORIDA, INC.

Current Principal Place of Business:

16 ST. JOHNS PLACE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

16 ST. JOHNS PLACE
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 58-2674770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOD, CHARLES D JR.
444 SEABREEZE BLVD.
SUITE 900
DAYTONA BEACH, FL 32118 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. () Change (X) Addition
Name: MORAN, PATRICIA J
Address: 16 SAINT JOHNS PLACE
City-St-Zip: ORMOND BEACH, FL 32176 US

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: PATRICIA J. MORAN

MS.

08/13/2004

Electronic Signature of Signing Officer or Director

Date