

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132943

FILED
Feb 16, 2004
Secretary of State

Entity Name: CLINICAL PRACTICE CONSULTANTS, INC.

Current Principal Place of Business:

3400 N.E. 192 STREET
#209
AVENTURA, FL 33180 US

New Principal Place of Business:

2433 NW 66 DR
BOCA RATON, FL 33496 US

Current Mailing Address:

3400 N.E. 192 STREET
#209
AVENTURA, FL 33180 US

New Mailing Address:

2433 NW 66 DR
BOCA RATON, FL 33496 US

FEI Number: 61-1460387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PERELMAN, BLUMA
3400 N.E. 192 STREET
#209
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

PERELMAN, BLUMA
2433 NW 66 DR
BOCA RATON, FL 33496 US

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:

02/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PERELMAN, BLUMA
Address: 3400 N.E. 192 STREET, #209
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PERELMAN, JEFFREY
Address: 2433 NW 66 DR
City-St-Zip: BOCA RATON, FL 33496 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: JEFFREY PERELMAN

PRES

02/16/2004

Electronic Signature of Signing Officer or Director

Date