

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # P04000112535**

1. Entity Name  
CLINICAL SERVICE ASSOCIATES, INC.



FILED  
05 DEC 23 AM 11:46  
TALLAHASSEE, FLORIDA

Principal Place of Business  
13701 BRUCE B. DOWNS BLVD., STE 110  
TAMPA, FL 33613

Mailing Address  
13701 BRUCE B. DOWNS BLVD., STE 110  
TAMPA, FL 33613

2. Principal Place of Business  
3500 E. FLETCHER AVE  
Suite, Apt. #, etc.  
S-129  
City & State  
TAMPA, FL  
Zip  
33613  
Country  
USA

3. Mailing Address  
3500 E FLETCHER AVE.  
Suite, Apt. #, etc.  
S-129  
City & State  
TAMPA, FL  
Zip  
33613  
Country  
USA



09142005 Chg-P CR2E034 (10/03)

4. FEI Number  
41-2146250  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
KASTNER, GEORGE  
13701 BRUCE B. DOWNS BLVD., STE 110  
TAMPA, FL 33613

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
3500 E. FLETCHER AVE  
S-129  
City TAMPA FL Zip Code 33613

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 *George D. Kastner* 12.19.05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KASTNER, GEORGE D 10734 DOWRY AVE TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <del>900062360059</del> <del>12/23/05--01005--003</del> **\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KASTNER, LINDA 10734 DOWRY AVE TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <del>900062360059</del> <del>12/23/05--01005--003</del> **\$70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ST. Roberts DEC 23 2005
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *George D. Kastner* 12.19.05 813.978.3960  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #