

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000116273

Entity Name: AR CLINICAL SERVICES, INC.

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

4999 W 8 AVE STE 26
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4999 W 8 AVE STE 26
HIALEAH, FL 33012

New Mailing Address:

4410 W 16 AVE SUIT 5
PMB 228
HIALEAH, FL 33012

FEI Number: 20-1475514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, ALFONSO
4999 W 8 AVE STE 26
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

RAMIREZ, ALFONSO
19991 WNW 77CT
HIALEAH, FL 33015 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: _____

Electronic Signature of Registered Agent

04/15/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RAMIREZ, ALFONSO
Address: 4999 W 8 AVE STE 26
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: RAMIREZ, ALFONSO
Address: 19991 NW 77CT
City-St-Zip: HIALEAH, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALFONSO RAMIREZ

Electronic Signature of Signing Officer or Director

MD

04/15/2008

Date