

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90243 001 *****8.75

04-26-2006 90243 002 ***150.00

DOCUMENT # P05000125431

1. Entity Name
CLINICAL CONSULTING ASSOCIATES, INC.



Principal Place of Business
2450 NE 135TH STREET
STE 104
NORTH MIAMI, FL 33181

Mailing Address
2450 NE 135TH STREET
STE 104
NORTH MIAMI, FL 33181

66011877



2. Principal Place of Business
2450 NE 135th ST
Suite, Apt., #, etc.
104

3. Mailing Address
2450 NE 135th ST
Suite, Apt., #, etc.
104

City & State
North Miami, FL
Zip
33181
Country
US

City & State
North Miami, FL
Zip
33181
Country
US

04102006 Chg-P CR2E034 (11/05)

4. FEI Number
203421645
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LUCAS, MADELINE
2450 NE 135TH STREET
STE 104
NORTH MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name
N/A
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 Madeline Lucas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LUCAS, MADELINE
2450 NE 135TH STREET #104
NORTH MIAMI, FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Madeline Lucas, Madeline Lucas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06

Date

Daytime Phone #