

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000009321

1. Entity Name
LAUDERDALE CLINICAL SERVICES, INC.



FILED

04 MAR -3 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
% ~~MARK H. YOUNG~~ Sherrie Smith % ~~MARK H. YOUNG~~ Sherrie Smith
3820 STATE STREET 3820 STATE STREET
SANTA BARBARA, CA 93105 US SANTA BARBARA, CA 93105 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004 Chg-P CR2E034 (10/03)

4. FEI Number
76-0391130

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE DVS ☒ Delete
NAME SILVER, RICHARD B
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE P ☐ Delete
NAME MAYEUX, DAVID R
STREET ADDRESS 13737 NOEL ROAD
CITY-ST-ZIP DALLAS, TX 75240

TITLE T ☐ Delete
NAME DENT, DENNIS L
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE AS ☒ Delete
NAME LARSEN, CAITLIN M
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director/Secretary ☐ Change ☒ Addition
NAME Caitlin M. Larsen
STREET ADDRESS 3820 State street
CITY-ST-ZIP Santa Barbara, CA 93105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
800029821408
03/03/04--01062--001 **17636.25

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

TITLE Asst. Secretary ☐ Change ☒ Addition
NAME Kristina A. Mack
STREET ADDRESS 3820 State Street
CITY-ST-ZIP Santa Barbara, CA 93105

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

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

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:

Kristina A. Mack

Kristina A. Mack, Asst. Secretary 2/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #