

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90003 002 ***150.00

DOCUMENT # P93000032095

1. Corporation Name
CLINICAL SOCIAL SERVICES, INC.

Principal Place of Business
4360 NORTHLAKE BLVD
#205
PALM BCH GARDENS FL 33410
US

Mailing Address
4360 NORTHLAKE BLVD.
#205
PALM BCH GARDENS FL 33410
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1993

4. FEI Number

65-0404506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1140 W 50th St.

2a. Mailing Address

26 501 SW 199th Ave

Suite, Apt. #, etc.

22 #303

Suite, Apt. #, etc.

27

City & State

23 Hialeah

City & State

28 Ft. Lauderdale

Zip

24 33012

Country

25

Zip

29 33332

Country

30

9. Name and Address of Current Registered Agent

WASHOFKY, MARTIN E P.A.
4360 NORTHLAKE BLVD
#205
PALM BCH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

Melva Colon

82 Street Address (P.O. Box Number is Not Acceptable)

1140 W 50th Street

83

84 City

Hialeah

FL

85 Zip Code

33012

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COLON, MELVA
STREET ADDRESS 4360 NORTHLAKE BLVD. #205
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Melva Colon
1.3 STREET ADDRESS 1140 W 50th Street #303
1.4 CITY-ST-ZIP Hialeah, FL 33012

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an Attachment with an address with all other like empowered.

SIGNATURE:

(Signature of Signing Officer or Director)

Date

4-29-99

Daytime Phone #

(305) 231-8787

CR2E034 (11/98)

0329568