


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2004 8:00 am
Secretary of State

06-11-2004 90001 009 ***150.00

DOCUMENT # P93000032095	
1. Entity Name CLINICAL SOCIAL SERVICES, INC.	

Principal Place of Business 1140 W 50TH STREET 203 HIALEAH, FL 33012	Mailing Address 1140 W 50TH STREET 203 HIALEAH, FL 33012
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54057158



2. Principal Place of Business Clinical Social Services Suite, Apt. #, etc. Suite 218 City & State Hialeah, FL Zip 33012 Country USA	3. Mailing Address 419 W 49 Street Suite, Apt. #, etc. Suite 218 City & State Hialeah, FL Zip 33012 Country U.S.A.
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03242003 Chg-P CR2E034 (10/03)

4. FEI Number 65-0404506	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLON, MELVA 1140 W 50TH STREET #203 HIALEAH, FL 33012	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$550.00
Due by September 8, 2004**

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	PSD COLON, MELVA 1140 W 50TH STREET #203 HIALEAH, FL 33012 <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
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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

Melva Colon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-28-04

Attachment 574057158
#P93000032095

**CLINICAL SOCIAL SERVICES
419 W. 49 STREET
SUITE 218
HIALEAH, FL 33012**

May 28, 2004

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

**RE: CLINICAL SOCIAL SERVICES
FEIN# 65-0404506**

Dear Sir or Madam:

Enclosed please find an Annual Report for Clinical Social Services. The company moved and never received the Annual Report for 2004. I called your office to discuss this problem. Please find enclosed a check in the amount of \$150.00 for the year 2004.

I want to thank you for all of the help that was given to me. If you have any questions, please contact me at the above address.

Very Truly Yours,



Melva Colon

Enclosure
MC/am