

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000043902

1. Entity Name
CLINICAL TECHNOLOGIES, INCORPORATED



Principal Place of Business Mailing Address
1877 FEDERAL HWY 1877 FEDERAL HWY
300 300
BOCA RATON, FL 33432 US BOCA RATON, FL 33432 US



03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0587759 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

PRESTON, LORETTA
1877 S. FEDERAL HWY, STE 300
BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PVD
NAME MCNEAL, KENT S
STREET ADDRESS 1877 S. FEDERAL HIGHWAY, STE 300
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE STD
NAME PRESTON, LORRETTA
STREET ADDRESS 1877 S. FEDERAL HIGHWAY, STE 300
CITY-ST-ZIP BOCA RATON, FL 33432

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03/17/05-80042-UU8 150.00

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: Kent McNeal KENT MCNEAL 3/14/05 561 213 034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #