

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000076828

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** CLINICAL CARE SERVICES, INC.

**Current Principal Place of Business:**

2210 NW 4TH TERRACE  
MIAMI, FL 33125 US

**New Principal Place of Business:**

**Current Mailing Address:**

2210 NW 4TH TERRACE  
MIAMI, FL 33125 US

**New Mailing Address:**

**FEI Number:** 65-0693677

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIAZ, ERNESTO M.D.  
2210 NW 4TH TERRACE  
MIAMI, FL 33125 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: DIAZ, ERNESTO MD  
Address: 2210 NW 4TH TERRACE  
City-St-Zip: MIAMI, FL 33125 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERNESTO DIAZ

PRES

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date