

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000017353

**FILED**  
**Apr 19, 2006**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA CLINICAL SERVICES, INC.

**Current Principal Place of Business:**

3800 S. CONGRESS  
SUITE 9  
BOYNTON BEACH, FL 33426 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1000  
BOYNTON BEACH, FL 33425

**New Mailing Address:**

**FEI Number:** 65-0811215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAG INC.  
3800 S. CONGRESS AVENUE, SUITE 9  
SUITE 500  
BOYNTON BEACH, FL 33426 US

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

KING, WILLIAM R  
81 IRONWOOD WAY N  
PALM BEACH GARDENS, FL 334183718 US

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: WILLIAM R. KING

04/19/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EDDY, TILLMAN L  
Address: P.O. BOX 1000  
City-St-Zip: BOYNTON BEACH, FL 33425

Title: SD ( ) Delete  
Name: KING, WM. REEVES  
Address: 81 IRONWOOD WAY N.  
City-St-Zip: WEST PALM BEACH, FL 33418

Title: VPD ( ) Delete  
Name: MILLER, WILLIAM A  
Address: 3800 S. CONGRESS, SUITE 9  
City-St-Zip: BOYNTON BEACH, FL 33426

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM R. KING

SEC

04/19/2006

Electronic Signature of Signing Officer or Director

Date