


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P97000017353</b>	
1. Entity Name SOUTH FLORIDA CLINICAL SERVICES, INC.	

Principal Place of Business 3800 S CONGRESS SUITE 9 BOYNTON BEACH, FL 33426 US	Mailing Address POST OFFICE BOX 1000 BOYNTON BEACH, FL 33425
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**DO NOT WRITE IN THIS SPACE**

( P97000017353P )

01252008 No Chg-P CR2E034 (11/05)

4. FBI Number 65-0811215	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KING, WILLIAM R  
81 IRONWOOD WAY N  
PALM BEACH GARDENS, FL 33418-3718

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EDDY, TILLMAN L
STREET ADDRESS	P.O. BOX 1000
CITY-ST-ZIP	BOYNTON BEACH, FL 33425
TITLE	SD
NAME	KING, WM. REEVES
STREET ADDRESS	81 IRONWOOD WAY N.
CITY-ST-ZIP	WEST PALM BEACH, FL 33418
TITLE	VPD
NAME	MILLER, WILLIAM A
STREET ADDRESS	3800 S. CONGRESS, SUITE 9
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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02/05/08-80014-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 power like empowered.

**SIGNATURE:**  **Tillman Eddy** 1/25/08 (SBI) 704-6246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #