

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000017353

FILED  
Feb 12, 2009  
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:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

Title: VPD (X) 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 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:** TILLMAN EDDY

PD

02/12/2009

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

\_\_\_\_\_  
Date