



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90023 047 \*\*\*150.00

<b>DOCUMENT # P98000047459</b> 1. Entity Name <b>BENCHMARK CLINICAL MANAGEMENT GROUP, INC.</b>					
Principal Place of Business 1110 OLD DIXIE HWY. SUITE A-1 VERO BEACH, FL 32960			Mailing Address 1110 OLD DIXIE HWY. SUITE A-1 VERO BEACH, FL 32960		
2. Principal Place of Business - No P.O. Box # <i>768 Bougainvillea Ln</i>		3. Mailing Address <i>768 Bougainvillea Ln</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01142008    Chg-P    CR2E034 (12/06)	
City & State <i>Vero Beach, FL</i>		City & State <i>Vero Beach, FL</i>		4. FEI Number <b>65-0876544</b>	
Zip <i>32963</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>32963</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  EMERSON O'BRIEN, S. ELAINE 768 BOUGAINVILLEA LANE VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name <i>S. Elaine Donnelly</i> Street Address (P.O. Box Number is Not Acceptable) <del>768</del> <i>768 Bougainvillea Ln</i> City <i>Vero Beach</i> FL    Zip Code <i>32963</i>	
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 <i>Elaine Donnelly</i> (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"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVT <input type="checkbox"/> Delete EMERSON O'BRIEN, S ELAINE 768 BOUGAINVILLEA LANE VERO BEACH, FL 32963				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Donnelly, S. Elaine 768 Bougainvillea Ln Vero Beach, FL 32963				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 other like empowered.					
SIGNATURE <i>Elaine Donnelly</i> <i>S. Elaine Donnelly</i> Date <i>1/14/08</i> Daytime Phone # <i>772 713-3661</i>					