

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069576

FILED
Jul 05, 2005
Secretary of State

Entity Name: ACCARDI CLINICAL SERVICES, INC.

Current Principal Place of Business:

150 TREEMONTE DR
ROYAL OAKS CENTER
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

150 TREEMONTE DR
ROYAL OAKS CENTER
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 59-3532289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACCORDI, J. ROGER
150 TREEMONTE DRIVE
ORANGE CITY, FL 32763 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ACCARDI, J. ROGER
Address: 40 JASMINE DR
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ACCARDI, J. ROGER
Address: 449 HIGHTOWER DRIVE
City-St-Zip: DEBARY, FL 32713

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: J. ROGER ACCARDI

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07/05/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date