


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90090 011 ***150.00

DOCUMENT # P98000069576

1. Entity Name
ACCARDI CLINICAL SERVICES, INC.



Principal Place of Business Mailing Address

**150 TREEMONTE DR
ROYAL OAKS CENTER
ORANGE CITY FL 32763**

**150 TREEMONTE DR
ROYAL OAKS CENTER
ORANGE CITY FL 32763**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-3532289 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P / S <input type="checkbox"/> Delete
NAME	ACCORDI, J. ROGER
STREET ADDRESS	449 HIGHTOWER DRIVE
CITY-ST-ZIP	DEBARY FL 32713
TITLE	VP/T <input type="checkbox"/> Delete
NAME	Michael Accardi
STREET ADDRESS	194 Brassington Dr, DeBary, FL
CITY-ST-ZIP	32713
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #