

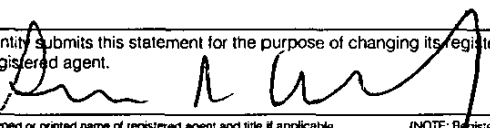
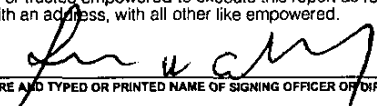


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90077 042 \*\*\*150.00

<b>DOCUMENT # P99000065405</b> 1. Entity Name <b>CLINICAL MANAGEMENT SOLUTIONS, INC.</b>					
Principal Place of Business 17806 GREY BROOKE DR TAMPA, FL 33647 US				Mailing Address 17806 GREY BROOKE DR TAMPA, FL 33647 US	
2. Principal Place of Business <b>10946 Cross Creek Blvd</b> Suite, Apt. #, etc. <b># 306</b>		3. Mailing Address <b>10946 Cross Creek Blvd</b> Suite, Apt. #, etc. <b># 306</b>			
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>		4. FEI Number <b>59-3589588</b>	
Zip <b>33607</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ECHEVERRY, GERMANIA</b> <b>47806 GREY BROOKE DRIVE</b> <b>TAMPA, FL 33647</b>				7. Name and Address of New Registered Agent Name <b>Echeverry, Germania</b> Street Address (P.O. Box Number is Not Acceptable) <b>17806 Grey Brooke Dr.</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33607</b>	
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, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ECHEVERRY, GERMANIA</b> <b>17806 GREY BROOKE DR</b> <b>TAMPA, FL 33647</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>DIAZ, MARIA EUGENIA</b> <b>5242 SPECTACULAR BIRD DR</b> <b>WESLEY CHAPEL, FL 33544</b>	<input type="checkbox"/> Delete	<b>VP</b> <b>Diaz, Maria Eugenia</b> <b>5242 Spectacular Bid Dr.</b> <b>Wesley Chapel, FL 33544</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <b>KMIOTEK, CRISTINA E</b> <b>8538 HUNTER KEY CIRCLE</b> <b>TAMPA, FL 33647</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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.					
<b>SIGNATURE:</b> 			<b>1-10-06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		