

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90182 029 \*\*\*158.75

<b>DOCUMENT # P99000065405</b> 1. Entity Name <b>CLINICAL MANAGEMENT SOLUTIONS, INC.</b>			
Principal Place of Business <b>10946 CROSS CREEK BLVD #306 TAMPA, FL 33647 US</b>		Mailing Address <b>10946 CROSS CREEK BLVD #306 TAMPA, FL 33647 US</b>	
2. Principal Place of Business - No P.O. Box # <b>17806 GRAY BROOKE DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>17806 GRAY BROOKE DR.</b> Suite, Apt. #, etc.	
City & State <b>TAMPA, FL.</b> Zip      Country <b>33647      Hillsborough</b>		City & State <b>TAMPA, FL.</b> Zip      Country <b>33647      Hillsborough</b>	
4. FEI Number <b>59-3589588</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01062007      Chg-P      CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>ECHEVERRY, GERMANIA 17806 GREY BROOKE DR. TAMPA, FL 33647</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <b>\$5.00 May Be Added to Fees</b> <input type="checkbox"/> Trust Fund Contribution.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHEVERRY, GERMANIA 17806 GREY BROOKE DR TAMPA, FL 33647 <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	VP DIAZ, MARIA EUGENIA 5242 SPECTACULAR BID DR WESLEY CHAPEL, FL 33544 <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	ST KMIOTEK, CRISTINA E 8538 HUNTER KEY CIRCLE TAMPA, FL 33647 <input checked="" 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.			
SIGNATURE: <i>Germania Echeverry</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>01/16/07</i> <i>813 994-9087</i> Date      DUTY PHONE #	