

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000065405

FILED
Jan 04, 2008
Secretary of State

Entity Name: CLINICAL MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

17806 GRAY BROOKE DR
TAMPA, FL 33647 US

New Principal Place of Business:

17806 GREY BROOKE DR
TAMPA, FL 33647 US

Current Mailing Address:

17806 GRAY BROOKE DR
TAMPA, FL 33647 US

New Mailing Address:

17806 GREY BROOKE DR
TAMPA, FL 33647 US

FEI Number: 59-3589588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECHEVERRY, GERMANIA
17806 GREY BROOKE DR.
TAMPA, FL 33647 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ECHEVERRY, GERMANIA
Address: 17806 GREY BROOKE DR
City-St-Zip: TAMPA, FL 33647

Title: VP () Delete
Name: DIAZ, MARIA EUGENIA
Address: 5242 SPECTACULAR BID DR
City-St-Zip: WESLEY CHAPEL, FL 33544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GERMANIA R. ECHEVERRY

D

01/04/2008

Electronic Signature of Signing Officer or Director

Date