FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 9:42

DOCUMENT # **V64207** **(6)**

1. Corporation Name
CLINICAL CONNECTION, INC.

Principal Place of Business	Mailing Address
2708 NE 29TH COURT FT LAUDERDALE FL 33306	2708 NE 29TH COURT FT LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1992	3a. Date of Last Report: 05/17/1994
4. FEI Number: 65-0370812	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 4741 N.W. 32nd Ave	26 4741 N.W. 32nd Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Lauderhill FL	28 City & State: Lauderhill, FL.
24 Zip: 33351 25 Country: U.S.A.	29 Zip: 33351 30 Country: USA.

9. Name and Address of Current Registered Agent

BROWN, JENNIFER
2708 NE 29TH COURT
FT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name: Ehrets, Mark A.
82 Street Address (P.O. Box Number is Not Acceptable): 4741 N.W. 32nd Ave.
83
84 City: Lauderhill FL 85 Zip Code: 33351

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mark A. Ehrets Mark A. Ehrets PTD 5/31/95
(Signature (then) or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	PTD	☒ Change ☐ Addition
NAME	EHRETS, MARK	12 NAME	Ehrets, Mark	
STREET ADDRESS	2708 NE 29TH COURT	13 STREET ADDRESS	4741 NW 32nd Ave	
CITY ST ZIP	FT LAUDERDALE FL	14 CITY ST ZIP	Lauderhill, FL 33351	
TITLE	VD	21 TITLE	Delete	☒ Change ☐ Addition
NAME	BROWN, JENNIFER	22 NAME	Brown, Jennifer	
STREET ADDRESS	2708 NE 29TH COURT	23 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL	24 CITY ST ZIP		
TITLE	VSD	31 TITLE	VSD	☒ Change ☐ Addition
NAME	LESLIE, BETTY	32 NAME	Leslie, Betty	
STREET ADDRESS	2708 NE 29TH COURT	33 STREET ADDRESS	4741 N.W. 32nd Ave	
CITY ST ZIP	FT LAUDERDALE FL	34 CITY ST ZIP	Lauderhill, FL 33351	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark A. Ehrets Mark A. Ehrets 5/31/95 305-741-5992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0212765 CP