

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003445

FILED
May 24, 2005
Secretary of State

Entity Name: PHILIP A. DAVIDSON, M.D., CLINICAL RESEARCH FUND, INC.

Current Principal Place of Business:

8384 35TH AVENUE NORTH
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

8384 35TH AVENUE NORTH
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 11-3716014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVIDSON, RUTH M
8384 35TH AVENUE NORTH
ST. PETERSBURG, FL 33710 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIDSON, PHILIP A MD
Address: 8384 35TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: VP () Delete
Name: DAVIDSON, RUTH M
Address: 8384 35TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: VP () Delete
Name: MINZER, IRWIN K
Address: 2727 SOUTH OCEAN BOULEVARD
City-St-Zip: HIGHLAND BEACH, FL 33487 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP A DAVIDSON, MD

_____ Electronic Signature of Signing Officer or Director

P

05/24/2005

_____ Date