

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 05, 2009
Secretary of State**

DOCUMENT# N04000003445

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:

64 THAYNES CANYON DRIVE
PARK CITY, UT 84060

Current Mailing Address:

8384 35TH AVENUE NORTH
ST. PETERSBURG, FL 33710

New Mailing Address:

64 THAYNES CANYON DRIVE
PARK CITY, UT 84060

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:

DAVIDSON, RUTH M
4441 WILDER ROAD
NAPLES, FL 34105 US

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: RUTH DAVIDSON

10/05/2009

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 (X) 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: P (X) Change () Addition
Name: DAVIDSON, PHILIP A MD
Address: 64 THAYNES CANYON DRIVE
City-St-Zip: PARK CITY, FL 84060 US

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

Title: SEC (X) Change () Addition
Name: MINZER, IRWIN K
Address: 2727 SOUTH OCEAN BOULEVARD
City-St-Zip: HIGHLAND BEACH, FL 33487 US

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 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

P

10/05/2009

Electronic Signature of Signing Officer or Director

Date