

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-23-2006 90008 004 ****61.25

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06192006 Chg-NP CR2E037 (4/06)

DOCUMENT # N05000009239			
1. Entity Name MD CLINICAL TRIALS FOUNDATION, INC			
Principal Place of Business 764 NE 74TH ST MIAMI, FL 33138		Mailing Address 764 NE 74TH ST MIAMI, FL 33138	
2. Principal Place of Business 2500 E. HALLANDALE BEACH BLVD. Suite, Apt. #, etc. #505		3. Mailing Address 2500 E. HALLANDALE BEACH BLVD Suite, Apt. #, etc. #505	
City & State HALLANDALE BEACH, FL Zip 33009 Country		City & State HALLANDALE BEACH, FL Zip 33009 Country	
4. FEI Number 20-3468684		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD SUITE 400 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name BETH SAFIRSTEIN Street Address (P.O. Box Number is Not Acceptable) 2500 E. HALLANDALE BEACH BLVD. #505 City HALLANDALE BEACH FL Zip Code 33009	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable		SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D SAFIRSTEIN, BETH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAFIRSTEIN, BETH	NAME	
STREET ADDRESS	764 NE 74TH ST 2500 E. HALLANDALE BEACH BLVD #505	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33138 HALLANDALE BEACH, FL 33009	CITY-ST-ZIP	
TITLE	D WILKS, KERRI <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKS, KERRI	NAME	
STREET ADDRESS	764 NE 74TH ST 2500 E HALLANDALE BEACH BLVD #505	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33138 HALLANDALE BEACH, FL 33009	CITY-ST-ZIP	
TITLE	D DAKSA, SAMUEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAKSA, SAMUEL	NAME	
STREET ADDRESS	764 NE 74TH ST 2500 E. HALLANDALE BEACH BLVD. #505	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33138 HALLANDALE BEACH, FL 33009	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 617, 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>[Signature]</i>		Date 6/2/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	