2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000036215

1. Entity Name
CLINICAL RESEARCH SERVICES, INC.

Principal Place of Business	Mailing Address
8838 INDIAN RIVER RUN BOYNTON BEACH, FL 33437	8838 INDIAN RIVER RUN BOYNTON BEACH, FL 33437

DO NOT WRITE IN THIS SPACE

03292004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0489835	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARG, DYAL C
8838 INDIAN RIVER RUN
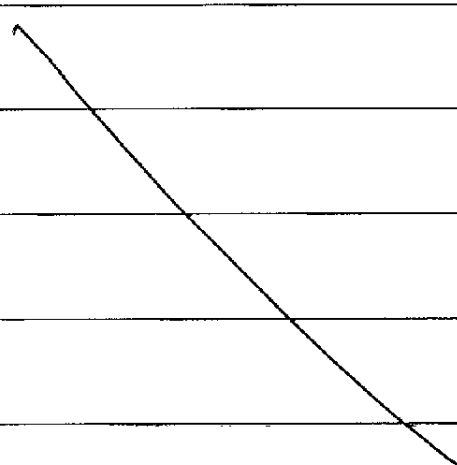BOYNTON BEACH, FL 33437

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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 _Dyal C. Garg_   DATE 3/29/04

Signature typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	GARG, DYAL C
STREET ADDRESS	8838 INDIAN RIVER RUN
CITY-ST-ZIP	BOYNTON BEACH, FL 33437

TITLE	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Dyal C. Garg_   3/29/04   561-737-3954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #