

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90035 044 ***150.00

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DOCUMENT # P96000075598

1. Entity Name
COMPREHENSIVE CLINICAL RESEARCH INSTITUTE, INC.

Principal Place of Business THOMAS BLANKENSHIP, ADMINISTRATOR 1540 S TAMIAMI TRAIL SARASOTA FL 34239 US	Mailing Address THOMAS BLANKENSHIP, ADMINISTRATOR 1540 S TAMIAMI TRAIL SARASOTA FL 34239 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0763063	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FREY, MARTIN J
 1540 S. TAMIAMI TRAIL
 SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

SIGNATURE: *Martin J Frey* DATE: **3/21/01**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	NATARAJAN, PONNUSWAMY	
STREET ADDRESS	1540 S TAMIAMI TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HARTMAN, RANDY B	
STREET ADDRESS	1540 S TAMIAMI TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CULP, JOHN R	
STREET ADDRESS	1540 S TAMIAMI TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LISS, GEOFFREY B	
STREET ADDRESS	1540 S TAMIAMI TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	P	<input type="checkbox"/> Delete
NAME	FREY, MARTIN J	
STREET ADDRESS	1540 S TAMIAMI TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BREDLAU, CLAYTON E	
STREET ADDRESS	1540 S TAMIAMI TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martin J Frey* DATE: **4/10/01** DAYTIME PHONE: **941 365-0433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E084 (10/00)