

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90058 033 \*\*\*150.00

DOCUMENT #P02000063622

1. Entity Name

ALLIANCE CLINICAL RESEARCH, INC.



Principal Place of Business

388 VILLAGE DRIVE  
ST AUGUSTINE FL 32084

Mailing Address

388 VILLAGE DRIVE  
ST AUGUSTINE FL 32084

50009617



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

1404 S. Burgandy Trail

Suite, Apt. #, etc.

3. Mailing Address

1404 S. Burgandy Trail

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32259

Country

USA

City & State

Jacksonville, FL

Zip

32259

Country

USA

4. FEI Number

02-0612767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BENEDICT, FRANK D JR  
388 VILLAGE DRIVE  
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name  
Benedict, Frank David Jr.

Street Address (P.O. Box Number is Not Acceptable)

1404 S. Burgandy Trail

City Jacksonville, FL

Zip Code

32259

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 Frank David Benedict Jr.

Signature, typed or printed name of registered agent and title if applicable

Frank David Benedict Jr. (President)

(NOTE: Registered Agent signature required when reinstating)

27-Jan-2005

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete  
NAME BENEDICT, FRANK D JR  
STREET ADDRESS 388 VILLAGE DRIVE  
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE V ☐ Delete  
NAME BENEDICT, LISA A  
STREET ADDRESS 388 VILLAGE DRIVE  
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Benedict, Frank D. JR  
STREET ADDRESS 1404 S. Burgandy Trail  
CITY-ST-ZIP Jacksonville, FL 32259

TITLE V ☒ Change ☐ Addition  
NAME Benedict, Lisa A.  
STREET ADDRESS 1404 S. Burgandy Trail  
CITY-ST-ZIP Jacksonville, FL 32259

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Frank David Benedict Jr. - Frank David Benedict Jr. (President) 27-Jan-2005 (904) 534-3104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #