2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90242 016 ***150.00

DOCUMENT # F01000000903

1. Entity Name
CLINICAL RESULTS, INC.

Principal Place of Business	Mailing Address
78-140 CALLE TAMPICO LA QUINTA, CA 92253	78-140 CALLE TAMPICO LA QUINTA, CA 92253

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5900 Central Avenue	5900 Central Avenue
Suite, Apt. #, etc.: Suite K	Suite, Apt. #, etc.: Suite K
City & State: St. Petersburg FL	City & State: St. Petersburg FL
Zip: 33707 Country: USA	Zip: 33707 Country: USA

4. FEI Number: 94-3379635 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POLLOCK, DAVID 6900 CENTRAL AVE., STE K ST PETERSBURG, FL 33707	Name: R. Douglas Reitz Street Address (P.O. Box Number is Not Acceptable): 5900 Central Avenue City: St. Petersburg FL Zip Code: 33707

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: R. Douglas Reitz R. Douglas Reitz 17 April 2003
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POLLOCK, DAVID 6900 AVENUE STE K ST PETERSBURG, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KOVAC, DENISE 78-140 CALLE TAMPICO LA QUINTA, CA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Douglas Reitz 5900 Central Avenue, STE K St. Petersburg FL 33707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALLEN, KANDY 78-140 CALLE TAMPICO LA QUINTA, CA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCKEON, KEVIN 1499 E. PALMETTO PARK RD, STE 212 BOCA RATON, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HAY, BILL 1499 E PALMETTO PARK RD, STE 212 BOCA RATON, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: R. Douglas Reitz R. Douglas Reitz 17 April 2003 (727) 344-4549
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR Date Daytime Phone #