

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002507

FILED
Apr 04, 2005
Secretary of State

Entity Name: ONCOLOGY RESEARCH & REGULATORY CONSULTING ASSOCIATES, INC.

Current Principal Place of Business:

5335 GREENS DR
LADY LAKE, FL 32159

New Principal Place of Business:

Current Mailing Address:

5335 GREENS DR
LADY LAKE, FL 32159

New Mailing Address:

FEI Number: 38-3525593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOBIANCO, LISSANTE
5335 GREENS DR
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

LOBIANCO, LISSANTE C
5335 GREENS DR
LADY LAKE, FL 32159 US

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: LISSANTE C. LOBIANCO

04/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: LOBIANCO, LISSANTE
Address: 5335 GREENS DR
City-St-Zip: LADY LAKE, FL 32159

Title: VCV () Delete
Name: GRIESHABER, CHARLES
Address: 5335 GREENS DR
City-St-Zip: LADY LAKE, FL 32159

Title: T () Delete
Name: GRIESHABER, CHARLES
Address: 5335 GREENS DR
City-St-Zip: LADY LAKE, FL 32159

Title: DS () Delete
Name: PARCAMENT, RALPH
Address: 461 BELANGER RD
City-St-Zip: GROSSE POINTE FARMS, MI 48236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: LOBIANCO, LISSANTE C
Address: 5335 GREENS DR
City-St-Zip: LADY LAKE, FL 32159

Title: VCV (X) Change () Addition
Name: GRIESHABER, CHARLES K DR.
Address: 5335 GREENS DR
City-St-Zip: LADY LAKE, FL 32159

Title: T (X) Change () Addition
Name: GRIESHABER, CHARLES K DR.
Address: 5335 GREENS DR
City-St-Zip: LADY LAKE, FL 32159

Title: D (X) Change () Addition
Name: PARCAMENT, RALPH E
Address: 461 BELANGER RD
City-St-Zip: GROSSE POINTE FARMS, MI 48236

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISSANTE C. LOBIANCO

CP

04/04/2005

Electronic Signature of Signing Officer or Director

Date