

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90041 010 ***150.00

DOCUMENT # F02000005208

1. Entity Name
TRIALSTAR, INC.



Principal Place of Business
**240 CORPORATE BLVD.
NORFOLK, VA 23502**

Mailing Address
**240 CORPORATE BLVD.
NORFOLK, VA 23502**

44024691



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2124350	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP DOZORETZ, RONALD I M.D. 240 CORPORATE BLVD. NORFOLK, VA 23502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IRBY, EDWARD C JR. 240 CORPORATE BLVD. NORFOLK, VA 23502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NUSS, GLORIA J 240 CORPORATE BLVD. NORFOLK, VA 23502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORAM, THOMAS E 240 CORPORATE BLVD. NORFOLK, VA 23502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, REBECCA H 240 CORPORATE BLVD. NORFOLK, VA 23502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca H. White

Date

1/22/04 757-459-5100

Daytime Phone #