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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name F95000004475 (8)

HEALTHCARE RESEARCH ASSOCIATES, INC.

FILED Apr 14 1998 8:00am Secretary of State



i initoipai i lace	of Business	Maili	no Address]] 	
Principal Place of Business 6801 E. CYPRESSHEAD DR PARKLAND FL 33067 US			Mailing Address 6801 E. CYPRESSHEAD DRIVE PARKLAND FL 33067 US				DO NOT WRITE IN THIS SPACE			
							Date Incorporated or Qualified 09/14/1995			
_	ace of Business	—	failing Address		-		4. FEI Number			pplied For
21		26	tite But # ate				65-0606034			lot Applicable
Suite, Apt. #, etc.		27					5. Certificate of Status Desired Sa.75 Additional Fee Required			
City & State		28	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country		'(p	Co	untry		8. This corporation owes or has p			
24	25	29		30	•		Personal Property Tax due Jur			☐ No
	g, Name and Address of Curren	nt Registe	red Agent				10. Name and Address of New F	legistered	Agent	
SI	PEAR, GARRY R				81	Name				
%	9660 W. SAMPLE RD., 3RD FL				82	Street Addr	ress (P.O. Box Number is Not Accept	able)		
CORAL SPRINGS FL 33085					L_l		TOOLOGO (I. I.O. PON MULTIDEL TO MOUNTAINED)			
					83					
					84	City	· · · · · · · · · · · · · · · · · · ·	FL	85 Zip	Code
11 Pursuant to	the provisions of Sections 607 050	2 and 607	1508 Florida Statu	tes the a	bove	a-named corp	poration submits this statement for the			its registered
office or re	gistered agent, or both, in the State in familiar with, and accept the obligation	of Florida	Such change was	authorize	d by	the corporat	poration submits this statement for the tion's board of directors. I hereby acc	ept the app	ointment as	s registered
•	marminar with and accopt the obliga	anons or, c	, coco. 100 (007.000)	ionoa sia	เนเซอ).				
SIGNATURE	Signature, typind or printed name of registered ager	eel and title if a	pplicable. (NO	TE Registere	d Age	nt signature requir	red when reinstating)	DATE		
12.	OFFICERS AND	D DIRECT	ORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
12.	P	D DIRECT	ORS DELETE	13. 1.1 T	ITLE		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO Change	
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indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

4/4/08

(a(4)3#1-2800