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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002691 (1)

1. Corporation Name
ADVANCED CLINICAL TECHNOLOGY, INC.

Principal Place of Business

10400 ACADEMY RD. N.E.
SUITE 360
ALBUQUERQUE NM 87111

Mailing Address

10400 ACADEMY RD. N.E.
SUITE 360
ALBUQUERQUE NM 87111-7372



3. Date Incorporated or Qualified

05/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

88-0431021

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Sign, stamp, type, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD DELETED	<input type="checkbox"/> DELETE
NAME	ELLIOTT, NEAL M	
STREET ADDRESS	6001 INDIAN SCHOOL RD., N.E.	
CITY - ST - ZIP	ALBUQUERQUE NM	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SANDERS, LOUIS	
STREET ADDRESS	10400 ACADEMY ROAD, N.E., STE 360	
CITY - ST - ZIP	ALBUQUERQUE NM	
TITLE	VASO	<input type="checkbox"/> DELETE
NAME	GONZALES, CHARLES H	
STREET ADDRESS	6001 INDIAN SCHOOL RD., N.E.	
CITY - ST - ZIP	ALBUQUERQUE NM	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHOFIELD, ERNEST A	
STREET ADDRESS	6001 INDIAN SCHOOL RD., N.E.	
CITY - ST - ZIP	ALBUQUERQUE NM	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NOVAK, LARRY	
STREET ADDRESS	10400 ACADEMY ROAD, N.E., STE. 360	
CITY - ST - ZIP	ALBUQUERQUE NM	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SAUDER, SCOT	
STREET ADDRESS	6001 INDIAN SCHOOL RD., N.E.	
CITY - ST - ZIP	ALBUQUERQUE NM	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP	SEE ATTACHED	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


4/24/97

Date

Daytime Phone

CR2E034 (9/96)

ADVANCED CLINICAL TECHNOLOGY, INC.
List of Officers & Directors

<u>OFFICERS:</u>	<u>NAME/SSN:</u>	<u>ADDRESS:</u>
CEO, President, Director	Neal M. Elliott 532-38-8545	6001 Indian School Rd NE Albuquerque, NM 87110
Secretary, VP Legal Affairs., Director	Scot Sauder 555-90-0219	6001 Indian School Rd NE Albuquerque, NM 87110
 SR VP, Director	Charles H. Gonzales 585-66-5408	6001 Indian School Rd NE Albuquerque, NM 87110
SR VP, CFO, Director	Ernest A. Schofield 521-92-7317	6001 Indian School Rd NE Albuquerque, NM 87110
Director	Sean Dailey	6001 Indian School Rd NE Albuquerque, NM 87110
Asst. Secretary	Jacqueline Gordon 226-84-0639	6001 Indian School Rd NE Albuquerque, NM 87110

The above Officers and Directors terms expire on September 30, 1997