07161999-90012-031-$550.00-$550.00

AMOUNT DUE ON OR BEFORE 05/1/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 16, 1999 8:00 am
Secretary of State
07-16-1999 90012 031 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002184

1. Corporation Name
CLINICAL SITE SERVICES CORP.

Principal Place of Business	Mailing Address
8701 MALLARD CREEK ROAD CHARLOTTE NC 28262	8701 MALLARD CREEK ROAD CHARLOTTE NC 28262

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1997

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 65-1632890 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 10 Wolf Pack Court

83 Error JW 07/27/99 door

84 City Hamilton NJ FL 85 Zip Code 08619

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DAVIS, D S		1.2 NAME	Judy Watson	
STREET ADDRESS	8701 MALLARD CREEK ROAD		1.3 STREET ADDRESS	8701 Mallard Creek Road	
CITY-ST-ZIP	CHARLOTTE NC		1.4 CITY-ST-ZIP	Charlotte NC 28226	
TITLE	CSD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	CAROLAND, CLAY		2.2 NAME	Ian Bund	
STREET ADDRESS	3100 WEST END AVENUE, STE 1070		2.3 STREET ADDRESS	2401 Plymouth Rd, Suite B	
CITY-ST-ZIP	NASHVILLE TN		2.4 CITY-ST-ZIP	Ann Arbor MI 48105	
TITLE	AS	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	LOCKE, TRACI		3.2 NAME	Jimmie Harvey	
STREET ADDRESS	8701 MALLARD CREEK RD		3.3 STREET ADDRESS	790 Montclair Road	
CITY-ST-ZIP	CHARLOTTE NC		3.4 CITY-ST-ZIP	Birmingham AL 35213	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, BARRIE		4.2 NAME		
STREET ADDRESS	3949 EVANS AVENUE, STE 300		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BERTOLI, LUIGI		5.2 NAME		
STREET ADDRESS	2022 BROOKWOOD MEDICAL CTR DR, STE G105ACC		5.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FARINACCI, JOHN		6.2 NAME		
STREET ADDRESS	1007 SLATER ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	DURHAM NC		6.4 CITY-ST-ZIP		

CR2E034 (5/99)

14. 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 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: J. Watson SIGNATURE REQUIRED — 7/8/99 Date — 704-547-9161 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith C Watson 07/27/99 704-547-9161