

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002184

1. Entity Name

CLINICAL SITE SERVICES CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 13 PM 6:24

Principal Place of Business
8701 MALLARD CREEK ROAD
CHARLOTTE NC 28262

Mailing Address
8701 MALLARD CREEK ROAD
CHARLOTTE NC 28262

2. Principal Place of Business

8701 Mallard Creek Rd
Suite, Apt. #, etc.

3. Mailing Address

8701 Mallard Creek Rd
Suite, Apt. #, etc.

City & State

Charlotte, NC

City & State

Charlotte, NC

4. FEI Number 65-1632890

Applied For
Not Applicable

Zip

Country

Zip

Country

28262

North Carolina

28262

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
DAVIS, D S
8701 MALLARD CREEK ROAD
CHARLOTTE NC ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WATSON, JUDY
8701 MALLARD CREEK RD
CHARLOTTE NC 28226 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
LOCKE, TRACI
8701 MALLARD CREEK RD
CHARLOTTE NC ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PHILLIPS, BARRIE
3949 EVANS AVENUE, STE 300
FORT MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BERTOLI, LUIGI
2022 BROOKWOOD MEDICAL CTR DR, STE G105ACC
BIRMINGHAM AL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FARINACCI, JOHN
1007 SLATER ROAD
DURHAM NC ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Interim President
Steve Klein
700 Aron Rd
Ann Arbor, MI 48104 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9000003487459--
-12/05/00--01051--014
*****558.00 *****558.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AB 11/29 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 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

9/13/00

941/277-0730

CR2E034 (5/00)