

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90010 038 ***150.00

DOCUMENT # F97000002453

1. Corporation Name

CLINICAL STUDIES, LTD. INC.



Principal Place of Business

10 DORRANCE STREET
PROVIDENCE RI 02903
US

Mailing Address

10 DORRANCE STREET
PROVIDENCE RI 02903
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1997

4. FEI Number

541647662 52-2022424

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIGGS FUREY, ANITA
2100 ALOMA AVENUE, SUITE 200A
WINTER PARK FL 32792

81 Name

Denise Schumann

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

777 South Flagler Drive

83

Suite 1000 East

84 City

West Palm Beach FL

85 Zip Code

33401

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

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

(NOTE: Registered Agent signature required when reinstating)

Denise Schumann

April 22 1999

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME MILLER, ROBERT A
STREET ADDRESS 777 SOUTH FLAGLER DRIVE, SUITE 1000 EAST
CITY-ST-ZIP WEST PALM BEACH FL 33401

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP ☒ DELETE
NAME TIDIKIS, FRANK
STREET ADDRESS 777 SOUTH FLAGLER DRIVE, SUITE 1000 EAST
CITY-ST-ZIP WEST PALM BEACH FL 33401

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME SCHUMANN, DENISE
STREET ADDRESS 777 SOUTH FLAGLER DRIVE, SUITE 1000 EAST
CITY-ST-ZIP WEST PALM BEACH FL 33401

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME LEATHERS, FREDERICK R
STREET ADDRESS 197 FIRST AVENUE
CITY-ST-ZIP NEEDHAM MA 02194

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DCEO ☐ DELETE
NAME HEFFERMAN, MICHAEL T
STREET ADDRESS 10 DORRANCE STREET
CITY-ST-ZIP PROVIDENCE RI 02903

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DC ☐ DELETE
NAME GOSMAN, ABRAHAM D
STREET ADDRESS 777 SOUTH FLAGLER DRIVE, SUITE 1000 EAST
CITY-ST-ZIP WEST PALM BEACH FL 33401

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5520

CR2E034 (1/98)