4/29/00-90014-016-$150.00-$150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002453

1. Entity Name

CLINICAL STUDIES, LTD. ~~INC~~

FILED
00 JUN 23 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
DORRANCE STREET RI 02903	10 DORRANCE STREET PROVIDENCE RI 02903-2018 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-2022424 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd
City: Plantation FL Zip Code: 33324

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] LAUREN H. KREATZ, SPECIAL ASSISTANT SECRETARY 4/11/00
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 $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILLER, ROBERT A 777 SOUTH FLAGLER DRIVE, SUITE 1000 EAST WEST PALM BEACH FL 33401 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/President/Director Michael T. Heffernan 10 Dorrance St, STE 400, Providence, RI 02903 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TIDIKIS, FRANK 777 SOUTH FLAGLER DRIVE, SUITE 1000 EAST WEST PALM BEACH FL 33401 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer/CFO Gary Gilheeny 10 Dorrance St, STE 400, Providence, RI 02903 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHUMANN, DENISE 777 SOUTH FLAGLER DRIVE, SUITE 1000 EAST WEST PALM BEACH FL 33401 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/Secretary Veronica A. Barrett 10 Dorrance St., STE 400 Providence, RI 02903 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEATHERS, FREDERICK R 197 FIRST AVENUE NEEDHAM MA 02194 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Adrian Otte COO 10 Dorrance St., Suite 400 Providence, RI 02903 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO HEFFERMAN, MICHAEL T 10 DORRANCE STREET PROVIDENCE RI 02903 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC GOSMAN, ABRAHAM D 777 SOUTH FLAGLER DRIVE, SUITE 1000 EAST WEST PALM BEACH FL 33401 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition FILED JUN 26 2000

(99/01/00)

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] Veronica A. Barrett 4/10/00 401-888-6672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #