

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90088 017 \*\*\*150.00

**DOCUMENT # J76469**

**1. Entity Name**

CLINICAL RESEARCH CONSULTANTS, INC.



**Principal Place of Business**

1201 S. OCEAN DR., SUITE 1409-N  
HOLLYWOOD FL 33019

**Mailing Address**

1201 S. OCEAN DR., SUITE 1409-N  
HOLLYWOOD FL 33019

JUN 21 2005



1st MOORE

CR2E034 (10/04)

**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**

59-2813225

**Applied For**

☐ Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

SCHAGRIN, PATRICIA R.  
1201 S. OCEAN DR., 1409-N  
HOLLYWOOD FL 33019

**7. Name and Address of New Registered Agent**

Name

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

1201 S. OCEAN DRIVE, 1409-N

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*Patricia R Schagrin*

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

(NOTE: Registered Agent signature required when reinstating)

1/27/05

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** PD ☐ Delete  
**NAME** SCHAGRIN, PATRICIA R.  
**STREET ADDRESS** 1201 S. OCEAN DRIVE #1409-N  
**CITY-ST-ZIP** HOLLYWOOD FL 33019

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Patricia R Schagrin* PATRICIA R SCHAGRIN

1/27/05

954 924-8960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Clinical Research Consultants, Inc.*  
1201 South Ocean Drive, #1409-North  
Hollywood, Florida 33019  
Tel: 954-921-8960 Fax: 954-921-8560 Cell: 954-647-1625  
Email: crcpats@aol.com

ATTACHMENT

50021784  
#J76469

January 30, 2005

Division of Corporations  
Annual Report Section  
PO Box 6850  
Tallahassee, FL 32314

**RE: CLINICAL RESEARCH CONSULTANTS, INC.**  
**DOCUMENT #J76469/FEI #59 2813225**  
**#6 - NAME/ADDRESS OF CURRENT REGISTERED AGENT**

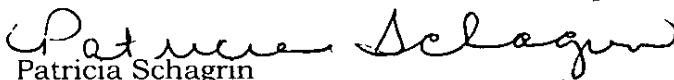
TO WHOM IT MAY CONCERN:

Please be advised that entry #6 on the Annual Report is incorrect for the suite number for the registered agent. The suite # is 1409-N (the same as the principal place of business and mailing address). The suite # 1703-S was a previous address of Clinical Research Consultants, Inc. and is no longer being utilized for this corporation.

Thank you very much for changing this information on your records.

If any questions, please feel free to contact me at the numbers listed above.

Sincerely,

  
Patricia Schagrin  
President