

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90131 019 ***150.00

DOCUMENT # J76469

1. Entity Name
CLINICAL RESEARCH CONSULTANTS, INC.



Principal Place of Business
% **PATRICIA R. SCHAGRIN**
3001 SOUTH OCEAN DRIVE. APT #6-0
HOLLYWOOD FL 33019

Mailing Address
% **PATRICIA R. SCHAGRIN**
3001 SOUTH OCEAN DRIVE. APT #6-0
HOLLYWOOD FL 33019



2. Principal Place of Business
1201 S. Ocean Dr.

3. Mailing Address
1201 S. Ocean Dr.

Suite, Apt. #, etc.
1703-S

Suite, Apt. #, etc.
1703-S

City & State
Hollywood, FL

City & State
Hollywood, FL

Zip
33019

Country
U.S.A.

Zip
33019

Country
U.S.A.

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

SCHAGRIN, PATRICIA R.
3001 S OCEAN DR #6-0
HOLLYWOOD FL 33019

1201 S. Ocean Dr.
1703-S
Hollywood, FL 33019

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHAGRIN, PATRICIA R.
3001 S OCEAN DR #6-0
HOLLYWOOD FL 33019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1201 S. Ocean Dr. #1703-S
Hollywood, FL 33019

TITLE
NAME
STREET ADDRESS
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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
Signature and Typed or Printed Name of Signing Officer or Director

02/08/03

Date

954-921-8960

Daytime Phone #

CR2E034 (10/02)