FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 15 PM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J99013 (1)

1. Corporation Name
~~MEDICAL EDUCATION AND RESEARCH CORP.~~
WEST FLORIDA CLINICAL RESEARCH CENTER, INC.

Principal Place of Business	Mailing Address
C/O KEN KORFF 8383 N. DAVIS HWY. PENSACOLA FL 32514	C/O KEN KORFF 8383 N. DAVIS HWY. PENSACOLA FL 32514

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1987
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business
21: 8333 NORTH DAVIS HWY
22: Suite, Apt. #, etc.
23: City & State: PENSACOLA, FLORIDA
24: Zip: 32514
25: Country: ESCAMBIA

2a. Mailing Address
26: 8333 NORTH DAVIS HWY
27: Suite, Apt. #, etc.
28: City & State: PENSACOLA, FLORIDA
29: Zip: 32514
30: Country: ESCAMBIA

4. FEI Number: 59-2857401 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KORFF, KEN
8383 NORTH DAVIS HIGHWAY
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	KORFF, KEN	12 NAME	
STREET ADDRESS	8383 N. DAVIS HWY.	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, DANIEL, M.D.	22 NAME	
STREET ADDRESS	8333 N. DAVIS HIGHWAY	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	MCPHAIL, RONALD DR.	32 NAME	
STREET ADDRESS	8383 N. DAVIS HWY.	33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	BARFIELD, BETHANY	42 NAME	
STREET ADDRESS	8333 N. DAVIS HIGHWAY	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP	
TITLE	~~D~~	51 TITLE	CEO/D ☐ Change ☒ Addition
NAME	~~RAFALOWSKI, WAYNE~~	52 NAME	JILL J. BARKER
STREET ADDRESS	~~8333 NORTH DAVIS HIGHWAY~~	53 STREET ADDRESS	8333 NORTH DAVIS HIGHWAY
CITY-ST-ZIP	~~PENSACOLA FL~~	54 CITY-ST-ZIP	PENSACOLA, FLORIDA 32514
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	DALE LEHMANN
STREET ADDRESS		63 STREET ADDRESS	8333 NORTH DAVIS HIGHWAY
CITY-ST-ZIP		64 CITY-ST-ZIP	PENSACOLA, FL 32514 CH

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****225.00 ****225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jill J. Barker 5.4.95 904-474 8427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JILL J. BARKER

CR0710 CP