

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J99013 (1)
1. Corporation Name
WEST FLORIDA CLINICAL RESEARCH CENTER, INC.



Principal Place of Business
**8333 N. DAVIS HWY.
PENSACOLA FL 32514**

Mailing Address
**8333 N. DAVIS HWY.
PENSACOLA FL 32514**

3. Date Incorporated or Qualified
10/27/1987

3a. Date of Last Report
05/15/1995

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
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: *[Signature]*
Signature, typed or printed name of registered agent and title (Typed name)

(Date) Registered Agent signature required when recording

DATE

30 April 96

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	KORFF, KEN	
STREET ADDRESS	8383 N. DAVIS HWY.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, DANIEL, M.D.	
STREET ADDRESS	8333 N. DAVIS HIGHWAY	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MCPHAIL, RONALD DR.	
STREET ADDRESS	8383 N. DAVIS HWY.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARFIELD, BETHANY	
STREET ADDRESS	8333 N. DAVIS HIGHWAY	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BARKER, JILL J	
STREET ADDRESS	8333 N. DAVIS HWY.	
CITY - ST - ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEHMANN, DALE	
STREET ADDRESS	8333 N. DAVIS HWY.	
CITY - ST - ZIP	PENSACOLA FL 32514	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 April 96
Date

Daytime Phone #

CR2E034 (12/95)