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FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90009 005 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J99013

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1987

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

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 owes the current year Intangible
Personal Property Tax. ☐ 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

S ☐ DELETE
TITLE
NAME **KORFF, KEN**
STREET ADDRESS **8383 N. DAVIS HWY.**
CITY-ST-ZIP **PENSACOLA FL**

PD ☐ DELETE
TITLE
NAME **PHILLIPS, DANIEL, M.D.**
STREET ADDRESS **8333 N. DAVIS HIGHWAY**
CITY-ST-ZIP **PENSACOLA FL**

VPD ☐ DELETE
TITLE
NAME **MCPHAIL, RONALD DR.**
STREET ADDRESS **8383 N. DAVIS HWY.**
CITY-ST-ZIP **PENSACOLA FL**

TD ☐ DELETE
TITLE
NAME **BARFIELD, BETHANY**
STREET ADDRESS **8333 N. DAVIS HIGHWAY**
CITY-ST-ZIP **PENSACOLA FL**

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D ☐ Change ☒ Addition
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Miller, Bayard, MD
8333 N. Davis Highway
Pensacola, FL 32514

☐ Change ☐ Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Bethany Barfield **Bethany Barfield** 1/6/99 850-474-8248

CR2E034 (11/98)