

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # J99013

1. Corporation Name

WEST FLORIDA CLINICAL RESEARCH CENTER, INC.

00 DEC -6 PM 1:43

Principal Place of Business

8333 N. DAVIS HWY.
PENSACOLA FL 32514

Mailing Address

8333 N. DAVIS HWY.
PENSACOLA FL 32514



REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/27/1987	
City & State		City & State		5. FEI Number	
Zip		Country		59-2857401	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	KORFF, KEN <i>Bucky McQueen</i>	8383 N. DAVIS HWY.	PENSACOLA FL
PD	PHILLIPS, DANIEL, M.D.	8333 N. DAVIS HIGHWAY	PENSACOLA FL
VPD	MCPHAIL, RONALD DR. <i>Randy Butler</i>	8383 N. DAVIS HWY.	PENSACOLA FL
TD	BABFIELD, BERNARD <i>PAIGE FAGAN</i>	8333 N. DAVIS HIGHWAY	PENSACOLA FL
D	MILLER, BAYARD MD	8333 N. DAVIS HWY. <i>DAVIS</i>	PENSACOLA FL 32514

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KORFF, KEN <i>Randy Butler</i> 8383 NORTH DAVIS HIGHWAY PENSACOLA FL 32514	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Randy Butler

REGISTERED AGENT MUST SIGN

Date 12/01/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/27/00 850-474-8427

CR2E040 (8/00)