

# 2003 FOR PROFIT UNIFORM BUSINESS REPORT (UBR)

07-21-2003 90141 017\*\*\*\*150:00  
P96000100308

DOCUMENT # L03000042068

1. Entity Name  
CENTER FOR CLINICAL TRIALS, L.C.



FILED  
03 SEP -8 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~530 NOKOMIS AVE., SOUTH, STE. 14~~  
VENICE FL 34285 1101 Tamiami Tr.  
Suite 208

Mailing Address  
~~530 NOKOMIS AVE., SOUTH, STE. 14~~  
VENICE FL 34285 1101 S. Tamiami Tr.  
Suite 208



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0878688 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BHATANAGAR, VINOD K  
530 NOKOMIS AVE., SOUTH, STE. 14  
VENICE FL 34285

7. Name and Address of New Registered Agent  
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 *Vinod K. Bhatnagar*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-15-03

~~FILE NOW!!! FEE IS \$550.00~~  
~~After September 10, 2003 Fee will be \$750.00.~~  
Make Check Payable to Florida Department of State

See request for  
exception to late fee

9. Election Campaign Financing  
Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARD L. STRADLEY, TRUSTEE-LAKSHMI TRUST 1285 BAYSHORE DR. ENGLEWOOD FL 34223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARD L. STRADLEY, TRUSTEE-BEECHAM TRUST 30 WEST RIVO ALTO DR. MIAMI BEACH FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 a power of attorney.

SIGNATURE: *Vinod K. Bhatnagar* 7-15-03 483-4391  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)