2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
04-28-2000 90132 005 ***150.00

DOCUMENT# ~~M00110~~ L95221

1. Entity Name

~~HOSKINS RESEARCH & DEVELOPMENT, INC.~~

Florida Clinical Research Institute

Principal Place of Business	Mailing Address
1226 SOUTHEAST 14TH STREET DEERFIELD BEACH FL 33441 US	1226 SOUTHEAST 14TH STREET DEERFIELD BEACH FL 33441-7316 US

[redacted]

DO NOT WRITE IN THIS SPACE

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

4. FEI Number ~~[redacted]~~ 65-0816907 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOSKINS, DANA W 1226 SE 14 STR DEERFIELD BCH FL 33441	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.

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

9. This corporation is eligible to satisfy its intangible tax assessment and elects to do so (See instructions on back) ☐

FILE NOW!!! FEE IS $150.00 AFTER MAY 1, 2000 Fee will be $550.00 Make Check Payable to: Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
PS HOSKINS, PHILLIP D. 1226 SOUTHEAST 14TH STREET DEERFIELD BCH FL	☐ Change ☐ Addition
PTD HOSKINS, DANA W 1226 SOUTHEAST 14TH STREET DEERFIELD BCH FL	☐ Delete / ☐ Change ☐ Addition
	☐ Delete / ☐ Change ☐ Addition
	☐ Delete / ☐ Change ☐ Addition
	☐ Delete / ☐ Change ☐ Addition
	☐ Delete / ☐ Change ☐ Addition
	☐ Delete / ☐ Change ☐ Addition

13. 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 11 or Block 12 if there is no change and/or on an attachment with an address, with all other like empowered.

SIGNATURE: Dana Hoskins DANA W. HOSKINS 4/20/00 954-421-8312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

CR2E044 (rev.)