

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90090 005 ***150.00

DOCUMENT # L95221

1. Entity Name
FLORIDA CLINICAL RESEARCH INSTITUTIONAL REVIEW BOARD, INC.

Principal Place of Business 1226 SE 14TH STREET DEERFIELD BEACH FL 33441 US	Mailing Address 1226 SE 14TH STREET DEERFIELD BEACH FL 33441 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0216907		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
JOHNSON, HENRY W. 1401 UNIVERSITY DR. SUITE 301 CORAL SPRINGS FL 33071				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 filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DI NAPOLI, MICHAEL			NAME			
STREET ADDRESS	180 NW 25TH CT			STREET ADDRESS	826 JAMIESON RD.		
CITY-ST-ZIP	POMPAÑO BEACH FL			CITY-ST-ZIP	LUTHERVILLE, MD 21093		
TITLE	PST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOSKINS, DANA			NAME			
STREET ADDRESS	1226 SE 14TH STREET			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dana Hoskins* **REQUIRED** **DANA W. HOSKINS** **954-421-8312**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)