2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L9800003330 HORIZON INSTITUTE FOR CLINICAL RESEARCH-FT. LAUD FRDALE, L.C. Principal Place of Business Mailing Address % SKILS FAMILY.INC. % SKILS FAMILY.INC 1150 NORTH 35TH AVENUE 1150 NORTH 35TH AVENUE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Country

SKILS FAMILY, INC.

the obligations of registered agent.

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SKILS FAMILY, INC.

1150 NORTH 35TH AVENUE

HOLLYWOOD FL 33021

STEINGO, BRIAN DR.

5757 N. DIXIE HIGHWAY

KISHNER, RICHARD DR.

5757 N. DIXIE HIGHWAY

FT. LAUDERDALE FL 33334

SIGNATURE AND TYPED OR PRINTED NAME

FT: L'AUDERDALE FL 33334

1150 NORTH 35TH AVENUE HOLLYWOOD FL 33021

6. Name and Address of Current Registered Agent

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

MANAGING MEMBERS/MANAGERS

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9.

TITLE

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NAME STREET ADDRESS

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FILE NOW!!! FEE IS \$50.00

Due By September 25, 2002

TITLE

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

GNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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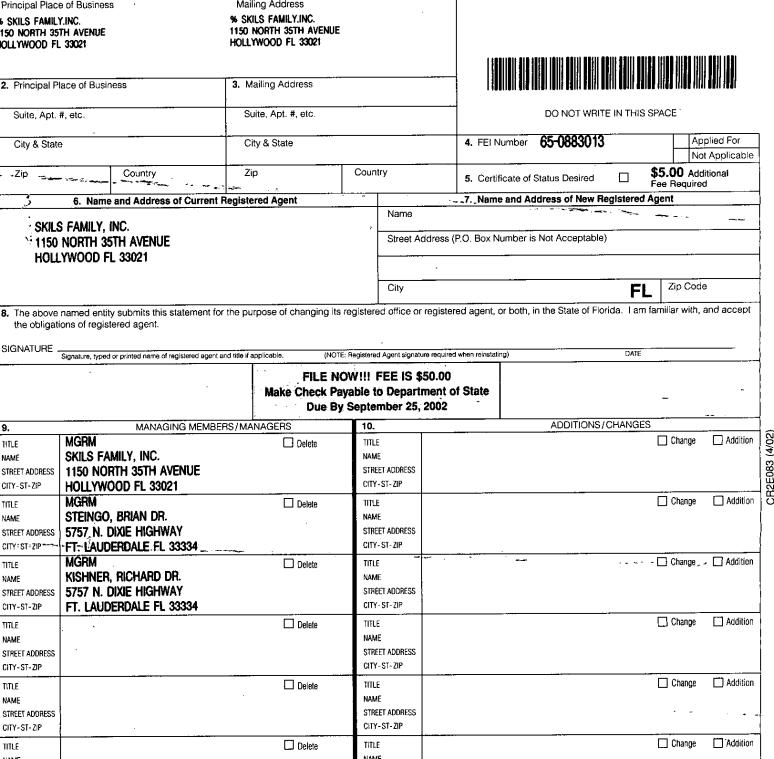
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FILED Aug 18, 2002 8:00 am Secretary of State

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Daytime Phone #