2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am Secretary of State DOCUMENT # P0000013087 1. Entity Name CRESCENT CLINICAL RESEARCH, INC. 05-04-2001 90088 046 ***150.00 Mailing Address Principal Place of Business PO BOX 30086 PO BOX 30086 PENSACOLA FL 32503-1086 PENSACOLA FL 32503-1086 Commence of the State of the 2. Principal Place of Business 3. Mailing Address 6706 N. 9th Ave ath Ave 6706 N. Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE D. Blow D Blog. ity & State 4. FÉI Number Applied For -3623115 tensacola Not Applicable tensacola Country \$8.75 Additional Country 5. Certificate of Status Desired 32504 usa 1514 - 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TISLOW, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 1914 LODGEPOLE DRIVE MILTON FL 32583 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 🗹 Addition ☐ Change TITLE ☐ Delete TITLE James D. Tislow NAME 6706 N. ath Ave, Bldg. D. Ste 21 NAME STREET ADDRESS STREET ADDRESS Pensacila FL 32504 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete somuel Mietlina NAME NAME 5149 N. OHN Are Ste. 104 STREET ADDRESS STREET ADDRESS Pensacola FL 32504 CITY-ST-ZIP CITY-ST-ZIP -- 🔲 Change Addition (Delete TITLE TITLE Jennifer D. Tislow NAME NAME 10706 N. 944 AVE BILD D. Stc21 Pensacela, FC 325021 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE Change TITLE Karl Weinanten NAME NAME 5149 N. AH AVE SK, 104 STREET ADDRESS STREET ADDRESS Yensacola Pl CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR