

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91451 036 \*\*\*150.00

**DOCUMENT # P00000013087**

1. Entity Name  
**CRESCENT CLINICAL RESEARCH, INC.**



Principal Place of Business  
6706 N 9TH AVE  
BLDG D, SUITE 21  
PENSACOLA FL 32504

Mailing Address  
6706 N 9TH AVE  
BLDG D, SUITE 21  
PENSACOLA FL 32504



2. Principal Place of Business  
**5700 N. Davis Hwy. Suite 4**  
Suite, Apt. #, etc.  
**Pensacola, FL**  
City & State

3. Mailing Address  
**5700 N. Davis Hwy Suite 4**  
Suite, Apt. #, etc.  
**Pensacola, FL**  
City & State

☐ CHECK HERE IF MAKING CHANGES

Zip  
**32503**

Country  
**USA**

Zip  
**32503**

Country  
**USA**

4. FEI Number **59-3623115**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TISLOW, JENNIFER**  
**2870 GREYSTONE DR.**  
**PACE FL 32571**

**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

*Jennifer D. Tislow*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/29/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **TISLOW, JAMES D**  
STREET ADDRESS **6706 N 9TH AVE, BLDG D, STE 21**  
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **VP** ☐ Delete  
NAME **MIETLING, SAMUEL**  
STREET ADDRESS **5149 N 9TH AVE, STE 104**  
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **T** ☐ Delete  
NAME **TISLOW, JENNIFER**  
STREET ADDRESS **6706 N 9TH AVE, BLDG D, STE 21**  
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **S** ☐ Delete  
NAME **WEINGARTEN, KARL**  
STREET ADDRESS **5149 N 9TH AVE, STE 104**  
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

**SIGNATURE:**

*Jennifer D. Tislow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/03**  
Date

**850.475.3060**  
Daytime Phone #

CR2E034 (10/02)