## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P00000013087 **DOCUMENT #**

1. Entity Name

CRESCENT CLINICAL RESEARCH INC



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

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

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Spile Apt F. etc.  Spile Apt F.	6706 N 9TH A BLDG D. SUIT	AVE IE 21	6706 N 9TH AVE BLDG D. SUITE 21		 			
City & States  City & States  Country  Zip 32503  Country  Zip 32503  Country  Zip 32503  Country  Signature  6. Name and Address of Current Registered Agent  TISLOW, JENNIFER  250 GRESTSTONE DR.  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address of Status Desired  FL Zip Code  8. The above named anily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of Jeginstered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of Jeginstered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of Jeginstered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of Jeginstered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of Jeginstered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of Jeginstered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of Jeginstered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of Jeginstered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of Jeginstered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of Jeginstered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of Jeginstered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of Jeginstered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of Jeginstered agent, or both, in the State of Florida. I am familiar with, and acceptable objects of Jeginstered Agent or Je	570	ON. Davis Hay, Suite 4	5.700 N. Davis Hwy Suite 4		-			
Section   Sect					CHECK HERE IF MAKING CHANGES			
State   Address of Current Registered Agent   Fee Required   Fee	City & Stat	e	City & State		4. FEI Number <b>59-3623115</b>	<del> </del>		
TISLOW, JENNIFER 2370 GREYSTONE DR. PACE FL 32571  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Foolda. I am familiar with, and accept the obligations of presistered agent.  SIGNATURE  FILE NOW!!! FE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Psyable to Florida Department of State  10. OFFICERS AND DIRECTORS  TISLOW, JAMES D  TISL	Zip 3250	3 USA	32503	Country U.S.A	5. Certificate of Status Desired			
Street Address (P.O. Bbx Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registatored office or registered agent, or both, in the State of Florids. I am familier with, and accept the obligations of degree agent.  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III  THE  PISLOW, JAMES D  GRIPL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III  THE  PISLOW, JAMES D  GRIPL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III  THE  VP  Delete  HILE  VP  Delete  TILE  NAME  MIETLING, SAMUEL  SIRET ADDRESS  GITY-ST-2P  PENSACOLA FL 32504  DIY-ST-2P  TILE  NAME  SIRET ADDRESS  GITY-ST-2P  PENSACOLA FL 32504  DIY-ST-2P  TILE  NAME  WEININGARTIEN, KARL  STREET ADDRESS  GITY-ST-2P  TILE  NAME  WEININGARTIEN, KARL  STREET ADDRESS  GITY-ST-2P  TILE  NAME  STREET ADDRESS  GITY					7. Name and Address of New Registered	Agent		
R. The above named antity submits statement for the outpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of largistered agent.  SIGNATURE  Signature State of registered agent. or both in the State of Florida, I am familiar with, and accept the obligations of largistered agent.  SIGNATURE  Signature State of registered agent. or both in the State of Florida. I am familiar with, and accept the obligations of largistered agent. or both in the State of Florida. I am familiar with, and accept the obligations of largistered agent. or both in the State of Florida. I am familiar with, and accept the obligations of largistered agent. or both in the State of Florida. I am familiar with, and accept the obligations of largistered agent. or both in the State of Florida. I am familiar with, and accept the obligations of largistered agent. or both in the State of Florida. I am familiar with, and accept the obligations of largistered agent. or both in the State of Florida. I am familiar with, and accept the obligations of largistered agent.  SIGNATURE State of largistered agent.  SIGNATURE State of largistered agent.  SIGNATURE State of largistered agent. or both in the State of Florida. I am familiar with, and accept the state of largistered agent.  SIGNATURE State of largister								
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After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State  10.								
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12. Thereby 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	CITY-ST-ZIP		<del></del>	CITY-ST-ZIP				

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:** 

4/29/03

850.475.3060