FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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02 JUL -2 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000006047

1. Entity Name
SciMetrics Clinical Research, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
30617 US 19 North	30617 US 19 North
Suite, Apt. #, etc. Suite 204	Suite, Apt. #, etc. Suite 204
City & State Palm Harbor, FL	City & State Palm Harbor, FL
Zip 34684 Country USA	Zip 34684 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3691062 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lori K. Henry

Street Address (P.O. Box Number is Not Acceptable): 4032 Ligustrum Dr.

City: Palm Harbor FL Zip Code: 34685

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: Lori K. Henry Lori K. Henry, CEO 6/28/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $300.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	C/T (CEO & Treasurer)
NAME	Lori K. Henry
STREET ADDRESS	4032 Ligustrum Dr
CITY-ST-ZIP	Palm Harbor, FL 34685
TITLE	P/S (Pres & Sec)
NAME	Ana V. Hajdenberg
STREET ADDRESS	4484 Glenbrook Dr
CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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

SIGNATURE: Lori K. Henry Lori K. Henry - CEO 6/28/02 727-937-1646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/8/02