

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90968 031 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000006047 1. Entity Name SCIMETRICS CLINICAL RESEARCH, INC.					
Principal Place of Business 30617 U.S. HWY. 19 NORTH STE. 204 PALM HARBOR, FL 34684			Mailing Address 30617 U.S. HWY. 19 NORTH STE. 204 PALM HARBOR, FL 34684		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 58-3681062	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HENRY, LORI K 4032 LIGUSTRUM DR PALM HARBOR, FL 34686				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 _____ Signature, typed or printed name of registered agent and fee if applicable (if/where Registered Agent's signature required when submitting)					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				DATE _____	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT HENRY, LORI K 4032 LIGUSTRUM DR PALM HARBOR, FL 34686	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HAJDENBERG, ANA V 4494 GLENBROOK DR PALM HARBOR, FL 34683	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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 fee empowered.					
SIGNATURE: <u>Lori K. Henry</u> <u>Lori K. Henry-CEO</u> <u>4/28/03</u> <u>937-1646</u> SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR					

CR2E034 (10/02)