

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90041 007 ***550.00

DOCUMENT # P01000019366

1. Entity Name
PALM BEACH CLINICAL RESEARCH ASSOCIATES, INC.



Principal Place of Business
**12983 SOUTHERN BLVD BUILDING 4 SUITE 202
LOXAHATCHEE FL 33470**

Mailing Address
**12983 SOUTHERN BLVD BUILDING 4 SUITE 202
LOXAHATCHEE FL 33470**

2. Principal Place of Business
1157 S. SR #7
Suite, Apt. #, etc.

3. Mailing Address
1157 S. SR #2
Suite, Apt. #, etc.

City & State
WELLINGTON, FL
Zip
33414 Country

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WELLINGTON, FL
Zip
33414 Country

4. FEI Number **65-1081190**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WITKOWSKI, RONALD ESO
12798 WEST FORREST HILL BLVD
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name **KRISHNA TRIPURANENI**
Street Address (P.O. Box Number is Not Acceptable)
1157 S. SR #7
City **WELLINGTON** FL Zip Code **33414**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7-14-03**

FILE NOW!!! FEE IS \$550.00

• After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DPST TRIPURANENI, KRISHNA MD 12983 SOUTHERN BLVD BUILDING 4 SUITE 202 LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST TRIPURANENI, KRISHNA 1157 S. SR #2 WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7-14-03**

Daytime Phone #

CR2E034 (4/03)