

PO1000092759

Requester's Name

CTM of Boca Raton
ANDREW H. ZWICK, M.D., P.A.
Gastroenterology and Internal Medicine
5458 Town Center Road #19
Boca Raton, Florida 33486

300005253413--6
-04/11/02-01036-006
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR 11 AM 11:56

RA/change
Examiner's Initials 4/11/02 (10)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation: Clinical Trials Management of Boca Raton, Inc.

2. The mailing address of the corporation: 5458 Town Center Road, Suite 19
Boca Raton, FL 33486

3. Date of incorporation/qualification: 9/25/01 Document number: PO1000092759

4. The name and address of the current registered agent and office:

Lisa E. Zwick
5458 Town Center Road, Suite 19
Boca Raton, FL 33486

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Lori R. Aptekar
5458 Town Center Road, Suite 19
Boca Raton FL 33486

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Lisa E. Zwick
(Signature of an officer, chairman or vice chairman of the board)

04/8/02
(Date)

Lisa E. Zwick, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Lori R. Aptekar
(Signature of Registered Agent)

4/8/02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***