FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90163 003 ***150.00

DOCUMENT # P01000092759

1. Entity Name
Clinical Trials Management of Boca Raton

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Boca Raton	5458 Town Center Road
Suite, Apt. #, etc. 19	Suite, Apt. #, etc.
City & State Boca Raton Fl	City & State
Zip 33486 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1148615 ☐ 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 Aptekar

Street Address (P.O. Box Number is Not Acceptable) 5458 Town Center Road

Suite 19

City Boca Raton FL Zip Code 33486

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 Aptekar 4/8/02
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 $550.00
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	President - P
NAME	Lisa Zwick
STREET ADDRESS	5458 Town Center Road, Suite 19
CITY-ST-ZIP	Boca Raton Fl 33486
TITLE	V, T
NAME	Lori Aptekar
STREET ADDRESS	5458 Town Center Rd. Suite 19
CITY-ST-ZIP	Boca Raton, Fl 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 Aptekar 4/8/02 561-391-4161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #