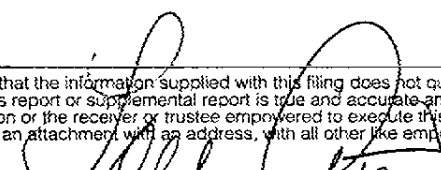


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000092759 1. Entity Name CLINICAL TRIALS MANAGEMENT OF BOCA RATON, INC.					
Principal Place of Business 5458 TOWN CENTER RD, STE 19 BOCA RATON FL 33486			Mailing Address 5458 TOWN CENTER RD, STE 19 BOCA RATON FL 33486		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1148615 ☐ Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent APTEKAR, LORI 5458 TOWN CENTER RD, STE 19 BOCA RATON FL 33486			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZWICK, LISA E 5458 TOWN CENTER RD, STE 19 BOCA RATON FL 33486		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000015009 01/27/04-80044-021 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT APTEKAR, LORI 5458 TOWN CENTER RD, SUITE 19 BOCA RATON FL 33486		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			1/21/04 31-391-4/61		