

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90021 022 ***158.75

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DOCUMENT # P01000097539

1. Entity Name

CLINICAL RESEARCH NETWORK OF FLORIDA, INC.

Principal Place of Business

**6101 WEBB RD., SUITE 202
 TAMPA FL 33615**

Mailing Address

**6101 WEBB RD., SUITE 202
 TAMPA FL 33615**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number

39-3750280

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAYTON, JOSEPH E
**6101 WEBB RD., SUITE 202
 TAMPA FL 33615**

Name

G. LARRY MITCHUM

Street Address (P.O. Box Number is Not Acceptable)

6101 WEBB ROAD, SUITE 202

City

TAMPA

FL

Zip Code

33615

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

[Signature]

G. LARRY MITCHUM

01-10-02

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D KHALED, YASSER**
 STREET ADDRESS **518 OAK ALLEY DR.**
 CITY-ST-ZIP **PEARL RIVER LO 70452**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D GOLEMI, G. LARRY**
 STREET ADDRESS **2931 WINDRIDGE OAKS DR.**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☒ Change ☐ Addition
 NAME **D GOLEMI, GLEN**
 STREET ADDRESS **6101 WEBB ROAD, SUITE 202**
 CITY-ST-ZIP **TAMPA, FL 33615**

TITLE ☐ Delete
 NAME **D MITCHUM, G. LARRY**
 STREET ADDRESS **10206 TARPON DR.**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D THOMAS, IGNATIUS**
 STREET ADDRESS **200 DUTTON CT.**
 CITY-ST-ZIP **SLIDELL LO 70461**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 687, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-02 901-0391

CR2E034 (9/01)