

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91366 005 \*\*\*150.00

DOCUMENT # *P01000109086*

1. Entity Name:

*CNS Clinical Research Inc*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*8100 Royal Palm Blvd*

3. Mailing Address

*8100 Royal Palm Blvd*

Suite, Apt. #, etc.

*#103*

Suite, Apt. #, etc.

*#103*

City & State

*Coral Springs Florida*

City & State

*Coral Springs Florida*

4. FEI Number

*65-1155104*

Applied For

Not Applicable

Zip

*33065*

Country

Zip

*33065*

Country

*USA*

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Fred Lewis*

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

*8100 Royal Palm Blvd #103*

City

*Coral Springs*

FL

Zip Code

*33065*

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PD Fred Lewis 8100 Royal Palm Blvd #103 Coral Springs FL 33065</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPD Ethan Kass 8100 Royal Palm Blvd #103 Coral Springs FL 33065</i>	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	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)