

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90033 009 ***150.00

DOCUMENT # P02000013409

1. Entity Name
YORE CLINICAL TRIALS, INC.



Principal Place of Business
5130 LINTON BLVD STE F6
DELRAY BEACH, FL 33484

Mailing Address
5130 LINTON BLVD STE F6
DELRAY BEACH, FL 33484

401-1



07162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0552133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHADOWITZ, BETH I ESQ
551 NW 77 ST
#102
BOCA RATON, FL 33487

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YORE, LAWRENCE M MD 5130 LINTON BLVD STE F6 DELRAY BEACH, FL 33484
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, 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 #

9/8/1/07

Yore
Urology

ATTACHMENT

Lawrence M. Yore, M.D., F.A.C.S.

Diplomate, American Board of Urology

Fellowship in Urologic Oncology

Fellow, American College of Surgeons

(561) 496-4444

Fax (561) 496-2001

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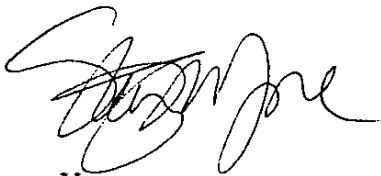
August 1, 2007

Dear Sir or Madam:

I just became aware that the annual corporate filing notification for Yore Clinical Trials, Inc. was never received by my office. In light of the fact that this payment has always been made on time in the past, please accept this check for \$150 as payment in full for 2007 annual filing.

Thank you very much for your consideration.

Sincerely,



Stacy Yore

Secretary

Yore Clinical Trials, Inc.