

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000031410
 1. Entity Name
 ADVANCED PHARMACEUTICAL CLINICAL STUDIES, CO.



Principal Place of Business 13550 N KENDALL DR #180 MIAMI, FL 33186	Mailing Address 13550 N KENDALL DR #180 MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034(10/03)

4. FEI Number 04-3633937	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

GREGORIAN, MICHAEL M.D.
 14510 SW 75 AVE
 MIAMI, FL 33158

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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

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 GREGORIAN, MICHAEL 14510 SW 75 AVE MIAMI, FL 33151
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 04/12/04-80017-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Michael Gregorian* MICHAEL GREGORIAN 4/12/04 (305) 385-9919
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #