

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000035881

FILED  
Feb 24, 2005  
Secretary of State

Entity Name: AFP CLINICAL RESEARCH, INC.

## Current Principal Place of Business:

4801 S UNIVERSITY DRIVE  
#104  
DAVIE, FL 33328

## New Principal Place of Business:

## Current Mailing Address:

4801 S UNIVERSITY DRIVE #104  
DAVIE, FL 33328

## New Mailing Address:

FEI Number: 01-0671531

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VACKER, MARK A MD  
4801 S UNIVERSITY DRIVE #104  
DAVIE, FL 33328 US

## Name and Address of New Registered Agent:

VACKER, MARK A MD  
4801 S UNIVERSITY DRIVE  
#104  
DAVIE, FL 33328 US

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:

Electronic Signature of Registered Agent

02/24/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VACKER, MARK A MD  
Address: 4801 S UNIVERSITY DRIVE #104  
City-St-Zip: DAVIE, FL 33328

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A VACKER

Electronic Signature of Signing Officer or Director

PRES

02/24/2005

Date