

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 8:00 am
Secretary of State

02-27-2006 90088 026 ***150.00

DOCUMENT # P02000059436					
1. Entity Name UNIVERSITY NEUROLOGICAL CLINICAL RESEARCH, INC.					
Principal Place of Business 1150 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024			Mailing Address 1150 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 57-1156409 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent BALLINGER, STEVEN R ESQ. 888 SOUTH ANDREWS AVE SUITE 205 FORT LAUDERDALE FL 33316				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE <u>3/16/06</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GILDERMAN, BRIAN		NAME		
STREET ADDRESS	1150 N. UNIVERSITY DR		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GILDERMAN, LARRY		NAME		
STREET ADDRESS	1150 N UNIVERSITY DR		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ DATE <u>3/16/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					