


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90058 033 ***150.00

DOCUMENT # P02000063622	
1. Entity Name ALLIANCE CLINICAL RESEARCH, INC.	

Principal Place of Business 388 VILLAGE DRIVE ST AUGUSTINE FL 32084	Mailing Address 388 VILLAGE DRIVE ST AUGUSTINE FL 32084
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50009617



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 1404 S. Burgandy Trail Suite, Apt. #, etc.	3. Mailing Address 1404 S. Burgandy Trail Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL	4. FEI Number 02-0612767	Applied For <input type="checkbox"/> Not Applicable
Zip 32259	Country USA	Zip 32259	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BENEDICT, FRANK D JR
 388 VILLAGE DRIVE
 ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name
Benedict, Frank David Jr.

Street Address (P.O. Box Number is Not Acceptable)
1404 S. Burgandy Trail

City
Jacksonville, FL

Zip Code
32259

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 Frank David Benedict Jr. Frank David Benedict Jr. (President) 27-Jan-2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BENEDICT, FRANK D JR 388 VILLAGE DRIVE ST AUGUSTINE FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENEDICT, LISA A 388 VILLAGE DRIVE ST AUGUSTINE FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Benedict, Frank D. JR 1404 S. Burgandy Trail Jacksonville, FL 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Benedict, Lisa A. 1404 S. Burgandy Trail Jacksonville, FL 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank David Benedict Jr. - Frank David Benedict Jr. (President) 27-Jan-2005 (904) 534-3104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #