

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90761 017 ***150.00

DOCUMENT # P02000073105

1. Entity Name
ADVENT CLINICAL RESEARCH CENTERS, INC.



Principal Place of Business
**2044 BRIGHTWATERS BLVD., N.E.
ST. PETERSBURG FL 33704**

Mailing Address
**POST OFFICE BOX 76353
ST. PETERSBURG FL 33734**



2. Principal Place of Business

**6161 Dr. Martin Luther King Jr. Street North
St. Petersburg, FL 33705**

3. Mailing Address

**6161 Dr. Martin Luther King Jr. Suite, Apt. #, etc. Street North
St. Petersburg, FL 33705**

☒ CHECK HERE IF MAKING CHANGES

City & State

St. Petersburg, FL

Zip Country
33703 USA

City & State

St. Petersburg, FL

Zip Country
33703 USA

4. FEI Number

01-0733737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEPHENSON, RONALD L
2900 - 72ND STREET NORTH
ST. PETERSBURG FL 33710**

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

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, 2003 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 ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition
**D/C/CEO
Dale G. Bramlet
6161 Dr. Martin Luther King Jr. St.
Suite 205**

TITLE NAME ☐ Change ☐ Addition
St. Petersburg, FL 33703

TITLE NAME ☐ Change ☒ Addition
**D/P-
Robert C. White
6161 Dr. Martin Luther King Jr. St.
Suite 205**

TITLE NAME ☐ Change ☐ Addition
St. Petersburg, FL 33703

TITLE NAME ☐ Change ☒ Addition
**D/Assistant S-
Ronald L. Stephenson
2900 72nd St. N.
St. Petersburg, FL 33710**

TITLE NAME ☐ Change ☒ Addition
**D/S
Patricia Ann Manell
6161 Dr. Martin Luther King Jr. St.
Suite 205**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907.30(1), 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: Robert C. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-521-9200

CR2034 (10/02)