

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90331 046 \*\*\*150.00

0026837 AN

DOCUMENT # P02000074743

1. Entity Name

SUNRISE CLINICAL RESEARCH, INC.



Principal Place of Business  
1150 NORTH UNIVERSITY DRIVE  
PEMBROKE PINES FL 33024

Mailing Address  
1150 NORTH UNIVERSITY DRIVE  
PEMBROKE PINES FL 33024



2. Principal Place of Business  
4925 SACRED ST

Suite, Apt. #, etc.

Suite 200

3. Mailing Address

6245 N. FEDERAL Hwy

Suite, Apt. #, etc.

Suite 300

☒ CHECK HERE IF MAKING CHANGES

City & State

Hollywood, FL

City & State

FT LAUDERDALE, FL

Zip

33021

Country

USA

Zip

33308

Country

USA

4. FEI Number

35-2174508

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALLINGER, STEVEN R ESQ  
888 S. ANDREWS AVE  
#205  
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name CHRISTOPHER HARKINS  
Street Address (P.O. Box Number is Not Acceptable)  
6245 N. FEDERAL Highway  
Suite 300  
City Ft Lauderdale FL Zip Code 33308

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

*Christopher Harkins*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-10-03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00  
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	<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
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:

*Christopher Harkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-03

Date

954 957 7171 x205

Daytime Phone #

CR2E034 (4/03)

Attachment 10110005

Sunrise Clinical Research, Inc.  
6245 N Federal Highway, Suite 300  
Ft Lauderdale, Florida 33308  
Tel: 954-957-7171 Fax: 954-745-0501

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July 10, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: P02000074743

Please consider this as notification that we did not receive any prior notice regarding a late filing. Accordingly, we respectfully request that the late fee of \$400 be waived. Enclosed is our check in the amount of \$ 150.00 for the original filing fee.

Thank you,



Christopher T. Harkins  
Treasurer

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