

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089031

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: PINES CLINICAL RESEARCH GROUP, INC.

## Current Principal Place of Business:

17901 NW 5TH STREET  
SUITE 101  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

501 NW 179 AVE  
PEMBROKE PINES, FL 33029

## Current Mailing Address:

17901 NW 5TH STREET  
SUITE 101  
PEMBROKE PINES, FL 33029

## New Mailing Address:

501 NW 179 AVE  
PEMBROKE PINES, FL 33029

FEI Number: 43-1971219

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WONG, HSIAO H  
17901 NW 5TH STREET  
SUITE 101  
PEMBROKE PINES, FL 33029 US

## Name and Address of New Registered Agent:

FALDAS, MARION G  
501 NW 179 AVE  
PEMBROKE PINES, FL 33029 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: MARION G FALDAS

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: WONG, HSIAO H  
Address: 17901 NW 5TH ST #101  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S ( ) Delete  
Name: ARCEO, JORGE S JR  
Address: 17901 NW 5TH ST #101  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: ELINOR, MEDINA S  
Address: 501 NW 179 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S (X) Change ( ) Addition  
Name: ARCEO, JORGE S JR  
Address: 501 NW 179 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Change (X) Addition  
Name: WONG, ANTONIO H  
Address: 501 NW 179 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

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: MARION G FALDAS

RA

04/29/2005

Electronic Signature of Signing Officer or Director

Date