2003 FOR PROFIT CORPGRATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 11, 2003 8:00 am Secretary of State 06-16-2003 90144 040 ***550.00

DOCUMENT # P020 1. Entity Name PINES CLINICAL RESEARCH GROUND	00089031 UP, INC.								
Principal Place of Business 17901 NW 5TH STREET SUITE 101	Mailing Address 17901 NW 5TH STREET SUITE 101				55051001				
PEMBROKE PINES FL 33029	PEMBROKE PINES FL 33	3029							
2. Principal Place of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt, #, etc.	Suite, Apt, #, etc.			CHECK HERE IF MAKING CHANGES				
City & State	City & State	City & State			FEI Number 43 - 197	7 12 19		oplied For of Applicable	Ę
Zip Country	Zip	Coun		5,	5. Certificate of Status Desired \$8.75 Additional Fee Required			ditional	1
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					<u></u>
WONG, HSIAO H			Name						}
17901 NW 5TH STREET			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					7
SUITE 101									7
PEMBROKE PINES FL 33029		C				FL	Zip Cod	le	1
8. The above named entity submits this statement	for the purpose of changing its	s registere	ed office or reg	istered aç	gent, or both, in the State of Flo	rida, 1 am f	amiliar with.	and accept	-
the obligations of registered agent.									ļ
SIGNATURE Signature, typed or printed name of registered age	reand title if applicable. (NOT	E: Registere	d Agent signature re-	Quired when r	reinstating)	DATE			
EN E NOWIN EEE IS \$150.00					T				┨
After May 1, 2003 Fee will be \$550.0 Make Check Payable to Florida Department					Election Campaign:Fin Trust Fund Contribution		\$5:0 Added	0-May Be to Fees	~
OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIF			DIRECTOR	S IN 11	」_
me President / Treasu		TITLE					Change	Addition	CR2E034 (10/02)
STREET ADDRESS LOON G , HSIAT	O H		ET ADDRESS					15	
CITY: ST-ZIP- 17901 NW 576	Street # 101	YCOL # 101			·				183
TITLE	33027 □ Delete	TITLE	1				Change	Addition	18
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-SI-ZIP			-ST-ZIP						
TITLE Secretary	☐ Delete	TITLE	, ,				Change	☐ Addition	1
STREET ADDRESS 1700 AND 546	RCEO, Or.	MAM	ET ADDRESS						
STREET ADDRESS 17901 NW 5th CITY-ST-ZIP PENDOTH PIND, FT	SPECT # 101		- SI - ZIP						}
TITLE PENLOTTH PIND, TO	330 Delete	TITLE					Change	☐ Addition	1
NAME STREET ADDRESS		NAM	e Et adoress						}
CITY-ST-ZIP	-		ST-ZIP						1
TITLE	☐ Delete	TITLE					☐ Change	☐ Addition	1
NAME OVERTA ADDITION		NAME	- 1				-		{
STREET ADDRESS CITY-ST-ZIP		•	ET ADDRESS ST-ZIP						
mre	Delete	TITLE					☐ Change	☐ Addition	
NAME	ET DEIGG	NAME							
STREET ADDRESS			ET ADDRESS						(
CITY-SI-ZIP			ST-ZIP						
 1 hereby certify that the Information supplied wi indicated on this report or supplemental report of the corporation or the receiver or trustee em 	th this filing does not qualify for is true and accurate and that n powered to execute this report	r the exer ny signati as requin	nption stated ir ure shall have t ed by Chapter	n Section he same l 607, Flori	119.07(3)(i), Florida Statutes, I legal effect as if made under or da Statutes; and that my name	further certif 3th; that I an appears in I	y that the in an officer of Block 10 or	iformation or director Block 11 if	

SIGNATURE: _

SIGNAVATIVE SIGNATURE AND TYPED OF PRINTED NAME OF SIGN