

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

01-17-2003 90072 021 ***150.00

DOCUMENT # P02000118227

1. Entity Name
CLINICAL RESEARCH ASSOCIATES OF BROWARD, INC.



Principal Place of Business
**4510 SHERIDAN STREET
HOLLYWOOD FL 33021**

Mailing Address
**4510 SHERIDAN STREET
HOLLYWOOD FL 33021**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3661482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEPE, WILLIAM F
4510 SHERIDAN STREET
HOLLYWOOD FL 33021**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/Secretary <input type="checkbox"/> Delete WILLIAM F. PEPE 6248 MIRAMAR PARKWAY MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Medical Director <input type="checkbox"/> Delete MICHAEL E. MARGOLIS, D.O. 4510 SHERIDAN STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Delete ADAM HERNANDEZ, M.D. 6248 MIRAMAR PARKWAY MIRAMAR, FL 33023
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"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/03

Date

954-981-4811

Daytime Phone

CR20034 (10/02)