


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90073 004 ***150.00

DOCUMENT # P03000000966 1. Entity Name CLINICAL PHARMACOLOGY CONSULTANTS, INC					
Principal Place of Business C/O DOLLAR'S & SENSE COMP ACCT, INC. 10912 N. 56TH ST., STE. D TEMPLE TERRACE, FL 33617-3004			Mailing Address C/O DOLLAR'S & SENSE COMP ACCT, INC. 10912 N. 56TH ST., STE. D TEMPLE TERRACE, FL 33617-3004		
2. Principal Place of Business 4108 Lake Tahoe Cir		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State West Palm Beach FL		City & State			
Zip 33409		Country USA		Zip Country	
6. Name and Address of Current Registered Agent HUDSON, BRIAN K 7902 SANCTUARY COVE CT #122 TAMPA, FL 33637				7. Name and Address of New Registered Agent Name HUDSON, BRIAN K Street Address (P.O. Box Number is Not Acceptable) 4108 LAKE TAHOE CIR City WEST PALM BEACH FL Zip Code 33407	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, BRIAN K 7902 SANCTUARY COVE CT #122 TAMPA, FL 33637 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, BRIAN K 4108 LAKE TAHOE CIR WEST PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <i>Brian K Hudson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/9/04 <small>Date</small>		56-543-6211 <small>Daytime Phone #</small>