

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052534

FILED  
Sep 08, 2004  
Secretary of State

Entity Name: NEXTPHASE CLINICAL TRIALS, INC.

## Current Principal Place of Business:

8005 LAKE DR STE 206  
MIAMI, FL 33166

## New Principal Place of Business:

701 N.W. 57TH AVENUE  
SUITE  
MIAMI, FL 33126

## Current Mailing Address:

8005 LAKE DR STE 206  
MIAMI, FL 33166

## New Mailing Address:

FEI Number: 20-0113834      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: GONZALEZ, LOURDES R  
Address: 8005 LAKE DR STE 206  
City-St-Zip: MIAMI, FL 33166

Title: SD ( ) Delete  
Name: JONES, DAVID H III  
Address: 8005 LAKE DR STE 206  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LOURDES GONZALEZ

PTD

09/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date