

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

02-25-2004 90026 030 ***150.00

DOCUMENT # P03000068451 1. Entity Name CLINICAL RESEARCH CARE & RESOURCE CENTER, INC.			
Principal Place of Business 8525 S.W. 92TH STREET, BUILDING B SUITE # 7 MIAMI, FL 33156		Mailing Address C/O DIEGO L. RESTREPO, ESQ. 547 MAJORCA AVENUE CORAL GABLES, FL 33134	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8525 SW 92th str. Bldg B Suite # 7 Miami, FL 33156	
City & State MIAMI, FL		4. FEI Number 36-4534125	
Zip 33156		Country U.S.A.	
5. Certificate of Status Desired... <input type="checkbox"/> \$8.75 Additional Fee Required		01062004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent RESTREPO, DIEGO L ESQ. 547 MAJORCA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P, T ARANGO, CLAUDIA G M.D. 8525 S.W. 92 STREET, BUILDING B, # 7 MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AQUINO, LEON M.D. 8525 S.W. 92 STREET, BUILDING B, # 7 MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: LEON AQUINO		Date 3-21-04 Daytime Phone 305-279-8491	