


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90143 033 ***158.75

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 8525 S.W. 92TH STREET, BUILDING B SUITE # 7 MIAMI, FL 33156		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 36-4534125				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
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			CLAUDIA G. ARANGO, MD		
Street Address (P.O. Box Number is Not Acceptable)			8525 S.W. 92ND STREET, SUITE B-7		
City			MIAMI		
State			FL		
Zip Code			33156		
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 <i>Claudia G. Arango</i>		PRESIDENT		02-21-05	
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, 2005 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 P, T	NAME ARANGO, CLAUDIA G M.D. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	8525 S.W. 92 STREET, BUILDING B, # 7		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE S	NAME AQUINO, LEON M.D. <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	8525 S.W. 92 STREET, BUILDING B, # 7		STREET ADDRESS	8525 92ND STREET, SUITE B-7	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	MIAMI, FLORIDA 33156	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Claudia G. Arango</i>		PRESIDENT		02-21-05 (305)279-8491	
Signature and typed or printed name of signing officer or director				Date Daytime Phone #	