

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072486

FILED
Jan 07, 2005
Secretary of State

Entity Name: SCIENTIFIC CLINICAL RESEARCH, INC.

Current Principal Place of Business:

3140 NORTH 36TH STREET
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

3140 NORTH 36TH STREET
HOLLYWOOD, FL 33021 US

New Mailing Address:

1065 N.E. 125TH STREET
221
NORTH MIAMI, FL 33161 US

FEI Number: 77-0603567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEINBRG, DAWN
3140 NORTH 36TH STREET
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

STEINBRG, DAWN
1065 N.E. 125TH STREET
221
NORTH MIAMI, FL 33161 US

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:

01/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEGAL, SCOTT
Address: 1065 N.E. 125TH STREET SUITE 403
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: VP () Delete
Name: SEGAL, BONNIE
Address: 1065 N.E. 125TH STREET SUITE 403
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: S/T () Delete
Name: STEINBERG, DAWN
Address: 1065 N.E. 125TH STREET SUITE 403
City-St-Zip: NORTH MIAMI, FL 33161 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DAWN STEINBERG

S/T

01/07/2005

Electronic Signature of Signing Officer or Director

Date