

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/2

**FILED**  
**Sep 15, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90003 048 \*\*\*150.00

<b>DOCUMENT # P03000154610</b>					
<b>1. Entity Name</b> CENTER FOR CLINICAL RESEARCH, INC.					
<b>Principal Place of Business</b> 201 NW 82ND AVE STE 501 PLANTATION, FL 33324			<b>Mailing Address</b> 201 NW 82ND AVE STE 501 PLANTATION, FL 33324		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 54-2136979	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WAGENER, DAVID 1111 PARK CENTRE BLVD #300 MIAMI, FL 33169			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Delete Richard Greene, M.D. 201 NW 82nd Ave. #501 Plantation, FL 33324				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Delete Mark Nestor, M.D., PhD. 201 NW 82nd Ave. #501 Plantation, FL 33324				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Delete Joel Wilentz, M.D. 201 NW 82nd Ave. #501 Plantation, FL 33324				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>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 or other like empowered.</b>					
<b>SIGNATURE:</b> _____ <b>8/19/04</b> <b>954-473-6750</b>					
_____ Date Daytime Phone					