

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000069078

Entity Name: ASKLEPIOS CLINICAL RESEARCH INC.

FILED  
Apr 27, 2006  
Secretary of State

**Current Principal Place of Business:**

214 SW 42ND STREET  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

214 SW 42ND STREET  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 04-3790734      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRISTEA, RADU DR  
214 SW 42ND ST  
CAPE CORAL, FL 33914 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: VP ( ) Delete  
Name: MERGL, FRANK  
Address: 214 SW 42ND STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: T ( ) Delete  
Name: CRISTEA, RADU DR.  
Address: 214 SW 42ND STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: PS ( ) Delete  
Name: CRISTEA, WERA  
Address: 214 SW 42ND STREET  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: CRISTEA, RADU DR.  
Address: 214 SW 42ND STREET  
City-St-Zip: CAPE CORAL, FL 33914

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 exemption stated in Chapter 119, 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: CRISTEA RADU, DR.

VP

04/27/2006

Electronic Signature of Signing Officer or Director

Date