

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000069078

FILED
Apr 27, 2006
Secretary of State

Entity Name: ASKLEPIOS CLINICAL RESEARCH INC.

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 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