

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107009

FILED  
May 26, 2005  
Secretary of State

Entity Name: ACT CLINICAL RESEARCH INSTITUTE, INC.

## Current Principal Place of Business:

1220 WILLIS AVENUE  
DAYTONA BEACH, FL 32114

## New Principal Place of Business:

## Current Mailing Address:

1220 WILLIS AVENUE  
DAYTONA BEACH, FL 32114

## New Mailing Address:

FEI Number: 16-1710315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMPSON, SCOTT E  
595 W. GRANADA AVENUE  
SUITE A  
ORMOND BEACH, FL 32174 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition  
Name: DREGGORS, WAYNE  
Address: 1220 WILLIS AVE  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D ( ) Change (X) Addition  
Name: ADAMS, LAURIE  
Address: 860 PEACHWOOD DRIVE  
City-St-Zip: DELAND, FL 32720 US

Title: D ( ) Change (X) Addition  
Name: ELDER, LESLIE  
Address: P O BOX 35327  
City-St-Zip: PALM COAST, FL 32135

Title: D ( ) Change (X) Addition  
Name: GILDERMAN, BRIAN  
Address: 1205 N BISCAYNE POINT RD  
City-St-Zip: MIAMI BEACH, FL 33141

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: WAYNE DREGGORS

PRES

05/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date