

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107009

FILED
Mar 07, 2007
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:

860 PEACHWOOD DRIVE
DELAND, FL 32720

FEI Number: 16-1710315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

Title: MR () Delete
Name: TREVATHAN, BEN
Address: 860 PEACHWOOD DRIVE
City-St-Zip: DELAND, FL 32720 US

Title: MS () Delete
Name: ZEIDWIG, DIANE
Address: 324 E. CHURCH STREET
City-St-Zip: DELAND, FL 32720

Title: MR () Delete
Name: CASTEEL, DAVID
Address: 860 PEACHWOOD DRIVE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: MR (X) Change () Addition
Name: BURNS, PAUL
Address: 860 PEACHWOOD DRIVE
City-St-Zip: DELAND, FL 32720

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: BEN TREVATHAN

DIR

03/07/2007

Electronic Signature of Signing Officer or Director

_____ Date