

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000030087 (9)

1. Corporation Name

THE FLORIDA WEST COAST CLINICAL RESEARCH GROUP, INC.



Principal Place of Business

Mailing Address

4700 NORTH HABANA AVENUE
SUITE 400
TAMPA FL 33614

4700 NORTH HABANA AVENUE
SUITE 400
TAMPA FL 33614

3. Date Incorporated or Qualified
04/20/1993

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country
24 25

28 Zip Country
29 30

4. FEI Number

59-3187347

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOSKOWITZ, JOAN
4512 W. CULBREATH AVENUE
TAMPA FL 33609**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **D GOLDSTEIN, ROBERT J**
STREET ADDRESS **4700 N. HABANA AVE. SUITE 400**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE DELETE
NAME **D MOSKOWITZ, JOAN**
STREET ADDRESS **4512 W. CULBREATH AVE.**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE DELETE
NAME **D ROWE ANGELA**
STREET ADDRESS **4700 N HABANA AVE STE 400**
CITY-ST-ZIP **TAMPA FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 NAME Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 NAME Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 NAME Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 NAME Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 NAME Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment, in an address.

SIGNATURE: *Robert J. Goldstein* **Robert J. GOLDSTEIN MD** 2/19/96 813-875-2092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)