

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000030087

1. Entity Name
THE FLORIDA WEST COAST CLINICAL RESEARCH GROUP,

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90027 044 ***150.00

Principal Place of Business
4700 NORTH HABANA AVENUE
SUITE 400
TAMPA FL 33614

Mailing Address
P O BOX 152596
TAMPA FL 33684-2596
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2727 W. MLK BLVD

3. Mailing Address
 Suite, Apt. #, etc.
460

City & State
TAMPA FL.

City & State

4. FEI Number **59-3187347** Applied For
 Not Applicable

Zip **33607** Country **USA**

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ANNE MCQUEEN
4815 N WESTSHORE BLVD
TAMPA FL 33614

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	GOLDSTEIN, ROBERT J
STREET ADDRESS	4700 N. HABANA AVE. SUITE 400
CITY-ST-ZIP	TAMPA FL 33614
TITLE	D <input type="checkbox"/> Delete
NAME	MOSKOWITZ, JOAN
STREET ADDRESS	4512 W. CULBREATH AVE.
CITY-ST-ZIP	TAMPA FL 33609
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert J. Goldstein* Date 2/10/00 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)