

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000005774 (2)

1. Corporation Name

MEDICAL SCIENCE CONSULTANTS, INC.

Principal Place of Business

Mailing Address

3400 PARK CENTRAL BLVD. N.
SUITE 3450
POMPANO BEACH FL 33064
US

3400 W. SAMPLE ROAD
SUITE 318
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1994

4. FEI Number

65-0462361

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

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

28 Zip

Country

29 33064

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELLER, NEAL
2001 W. SAMPLE ROAD
SUITE-818
POMPANO BEACH FL 33064

81 Name

James L. Pruden

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

370 W. Camino Gardens Blvd.

83

Suite 210

84 City

Boca Raton

FL

85 Zip Code

33432

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

James L. Pruden

(NOTE: Registered Agent signature required when reinstating)

4/3/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME HELLER, NEAL R
STREET ADDRESS 2001 W. SAMPLE ROAD, SUITE 318
CITY-ST-ZIP POMPANO BEACH FL 33064

1.1 TITLE
1.2 NAME P/D
1.3 STREET ADDRESS Kaye Lemz
1.4 CITY-ST-ZIP 2587 SW Cranbrook Drive
Boynton Beach, FL 33436

TITLE ST
NAME HELLER, ELIZABETH S
STREET ADDRESS 2001 W. SAMPLE ROAD, SUITE 318
CITY-ST-ZIP POMPANO BEACH FL 33064

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 with an address.

SIGNATURE:

Kaye Lemz

4-6-98

CR2E034 (10/97)