PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Socretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400034759 (8)

SYNERGY IN CLINICAL RESEARCH, INC.

Princ	cipal Place of Busine	ess	Mailing Address				r nangeren ein naser ninen anser ninen ander dente Anter Habbe deren Anter inden beitig iblit 1005			
6950 CENTRAL AVE SUITE 100 ST PETERSBURG FL 33707			6950 CENTRAL AVE SUITE 100 ST PETERSBURG FL 33707							
						3. Date Incorporated or Qualified				
	rincipal Place of Bu	siness	2a. Mailing Address				4. FEI Number			Applied For
21	Tuito Act # ata		26				59-3243553			Not Applicable
22	Suite, Apt #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	Ε.		5 Additional Required
23	Orty & State		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Z 24	ip	Country 25	Zip 29	Country 30	y'		This corporation has liability for Florida Statutes		ngible tax under s	
	g, Nai	me and Address of Curre					10. Name and Address of New F			
				81		Name				
	KERSCH, MICHA	EL		82	╀	Stroot Address	s (P.O. Box Number is Not Acceptat	nie)		
	6950 CENTRAL /	AVE		"		Street Addres	ss (.o. box rumber is rum rucceptus	J.C)		
	SUITE 100			83						
	ST PETERSBURG	3 FL 33707		84	+	City			85 Z	ip Code
				1	ı	•				•
	or registered agent,	or both, in the State of Flori	2 and 607.1508, Florida Statu ida: Such change was authori, tion 607.0505, Florida Statute	zed by the corr	nar	med corporat ation's board	ion submits this statement for the pur of directors. I hereby accept the app	rposi iointri	e of changing its nent as registered	registered office d agent. I am
3/01		ood or printed name of registered agen	taustate if acceptable (N	OTE Bugistered Age	nt s	ignature required v	draw remstaring)		DATE	
12.			ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	IÇEF	S AND DIRECTO	DRS IN 12
TITLE	PCEO		DELETE.	3 1 TITLE					☐ Change	Add tion
NAME		IELLY, DEBORAH K.		1.2 NAME			50 Central Ava, S	ζ.,	to Inn	
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		TERSBURG FL 33707		1.4 CITY - 5	S1	ZIP				
TIFFE	EV	OU 18011151	DETE IF	2 1 TIILE					☐ Change	Addition
NAME	0050	CH, MICHAEL		2 2 NAME			o Central Ave,	Sei	ite 100	
	CT DE	CENTRAL AVE		2 3 STREE	I A[DORESS 645	o centra na,			
	ST-ZIP SIPE	TERSBURG FL 33707		2.4 CITY - 9	- 12	ZIP				
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NAME				3.2 NAME						
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NAME	}		T DETEN						Change	☐ Addition
	T ADDRESS			4.2 NAME	1 4 -	noncee				
	ST - ZIP			4.3 STHEET 4.4 CHTY+S						
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	ST-ZIP			5.4 CITY - 9						
TITLE			DELETE	6 1 111LE					Change	Addition
NAMÉ				62 NAME						
STREE	T ADDRESS			6 3 STHEE	I AD	DRESS				
	ST-ZIP			6.4 CITY - S	si - ,	7.P				
	certify that the informoath; that I am an of	nation indicated on this anni fficer or d ijector of the corpo	uai recort or suoplemental ann	nual report is tro de empowered	10	and accurate	the exemption stated in Section 119 and that my signature shall have the eport as required by Chapter 607, Fi	sam	e legal offect as i	if miado undar

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 813-343-9110

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