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 # **P94000046381 (7)**

1. Corporation Name

CRANDALL CLINICAL CONSULTING INC.

Principal Place of Business

2250 S.W. 27TH LANE
COCONUT GROVE FL 33133

Mailing Address

2250 S.W. 27TH LANE
COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: **06/15/1994**

3a. Date of Last Report: **04/06/1995**

4. FEI Number: **65-0511353** [ ] 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 activity for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business

21 Street Address

22 Suite, Apt. #, etc.

23 City & State

24 Zip 25 County

2a. Mailing Address

26 Street Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip 30 County

9. Name and Address of Current Registered Agent

CRANDALL, MARY B
2250 S.W. 27TH LANE
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.0505, 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. Signature of a member or agent of the corporation. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE	NAME	STREET ADDRESS	CITY-ST-ZIP	
P	CRANDELL, MARY B.	2250 SW 27 LANE	COCONUT GROVE FL	[ ] DEL
				[ ] DEL
				[ ] DEL
				[ ] DEL
				[ ] DEL
				[ ] DEL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

14. I hereby certify that the information supplied in this document, including the electronic signature, for the purposes stated in Section 119.07(3)(cc), Florida Statutes. Further certify that the information provided in this document is true and accurate. Further, 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 of this document as an officer or director.

SIGNATURE: Mary Crandell 3-26-96 305-285-1758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary B. Crandell President

CR2E034 (12/95)