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 # P94000051704 (2)

1. Corporation Name

CSI CLINICAL TRIALS, INC.

Principal Place of Business	Mailing Address
515 E LAS OLAS BLVD SUITE 1600 FT LAUDERDALE FL 33301	515 E LAS OLAS BLVD SUITE 1600 FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified: 07/13/1994
3a. Date of Last Report: 06/15/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0526422 ☐ 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

BEILLY, BRADFORD J
790 E BROWARD BLVD
SUITE 200
FT LAUDERDALE FL 33301

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 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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	REITER, WILLIAM M	
STREET ADDRESS	515 E LAS OLAS BLVD SUITE 1600	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	DV	☒ DELETE
NAME	REITER, MARVIN L	
STREET ADDRESS	515 E LAS OLAS BLVD SUITE 1600	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	DST	☒ DELETE
NAME	KIRCHENBAUM, DAVID	
STREET ADDRESS	515 E LAS OLAS BLVD SUITE 1600	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPS	☒ Change ☐ Addition
2.2 NAME	BEILLY, BRADFORD J.	
2.3 STREET ADDRESS	515 E. Las Olas Boulevard, Suite 1600	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
3.1 TITLE	T	☒ Change ☐ Addition
3.2 NAME	W. DOUGLAS KAHN	
3.3 STREET ADDRESS	515 E. Las Olas Boulevard #1600	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(x), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)