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 # **P95000032424 (0)**

1. Corporation Name

CLINICAL PHARMACOLOGY OF FLORIDA, INC.

Principal Place of Business
9506 SOUTH RED ROAD
MIAMI FL 33156

Mailing Address
9506 SOUTH RED ROAD
MIAMI FL 33156

3. Date Incorporated or Qualified: 04/25/1995
3a. Date of Last Report:

2. Principal Place of Business
21 2060 N.W. 22 Avenue
Suite, Apt. #, etc.
22 2060 N.W. 22 Avenue
City & State
23 Miami, FL
Zip 24 33142
Country 25

2a. Mailing Address
26 2060 N.W. 22 Avenue
Suite, Apt. #, etc.
27 2060 N.W. 22 Avenue
City & State
28 Miami, FL
Zip 29 33142
Country 30

4. FEI Number: 65-0389217
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
OESTERLE, DOUGLAS W
9506 SOUTH RED ROAD
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name: Kenneth C. Lasseter, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 2060 N.W. 22 Avenue
83
84 City: Miami FL
85 Zip Code: 33142

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: Kenneth C Lasseter — 1/24/96
Signature, typed or printed name of registered agent and its signature (or Registered Agent signature required when no change) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	President,Secy,Director ☐ Change ☒ Addition
NAME	OESTERLE, DOUGLAS W	1.2 NAME	E. Cooper Shamblen
STREET ADDRESS	9506 SOUTH RED ROAD	1.3 STREET ADDRESS	2060 N.W. 22 Avenue
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	Miami, FL 33142
TITLE	☐ DELETE	2.1 TITLE	Vice-Pres.,Treasurer,Director ☐ Change ☒ Addition
NAME		2.2 NAME	Kenneth C. Lasseter
STREET ADDRESS		2.3 STREET ADDRESS	2060 N.W. 22 Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33142
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	400001730334
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-03/04/96--01031--036
TITLE	☐ DELETE	5.1 TITLE	***200.00 ☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Kenneth C Lasseter — 1/24/96 — 3056340777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)