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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

appears in Block 12 or

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 13 1997 8:00am

Secretary of State

<u>305-634-0777</u>

2/5/97

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000032424 (0)

CLINICAL PHARMACOLOGY OF FLORIDA, INC.

2060 N.W. 22 AVENUE MIAMI FL 33142			2060 N.W. 22 AVENUE MIAMI FL 33142-7338							
							3. Date Incorporated or Qualified 04/25/1995		te of Last f	Report
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address			4. FEI Number		T A	pplied For	
21		26	26				65-0589217		N	ot Applicable
Suite, Apt.	#, etc	Suite, A	Suite, Apt. #, etc.				E Coultinate of Otal a Desired	<u></u>	\$8.75	Additional
22		27	27				5. Certificate of Status Desired			equired
City & State	6	City & S	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	28				Trust Fund Contribution			to Fees
Zip	Country	Zıp		Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29		30						
	9, Name and Address of Cu	irrent Registered Ag					10. Name and Address of New Registered Agent			
LAS	seter, Kenneth C M.D.			1	81	Name				
2060	) N.W. 22 AVENUE			-	B2	Street Ad	ldress (P.O. Box Number is Not Acceptab	ole)		
MIAN	VII FL 33142			. [						
				[1	B3					
				ļ.	84	City	****		<b>85</b> Zip	Code
						City		FL	100 Z1P	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, typod or printed name of registers		) (NO1		Ager	nt signature req	outrad when reinstating)	DATE	DIDEOTO	DO 11.40
12.	OFFICERS AND DIRECTORS  D DELETE		13.	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
	OESTERLE, DOUGLAS W	!	A) OLLEIL						L Change	L Addition
NAM!	9506 SOUTH RED ROAD			1.2 NAN						
STREET ADDRESS						ADDRESS				
CiTY ST-ZIP	MIAMI FL 33158 PSD		DELETE	1.4 CIT		I-ZIP			Change	Addition
TITLE		ļ	DELETE	2.1 TITU					L Grange	Addition
NAME	SHAMBLEN, E. COOPER			2.2 NAN						
STREET ADDRESS	2060 N.W. 22 AVENUE					ADDRESS				
C:TY-ST-ZIP	MIAMI FL 33142		DELETE	2.4 CIT		-T-ZIP			06	14446
TITLE	VPTD		DELETE	3.1 TITL					Change	Addition
NAME	LASSETER, KENNETH C			3.2 NAA						
STREET ADDRESS	2060 N.W. 22 AVENUE					ADDRESS				
Crty-St-7iP	MIAMI FL 33142		DELETE	3.4. CIT		T-ZIP		· · · · · · · · · · · · · · · · · · ·	Channa	Addition
TITLE	μ		T OFFEIE	4.1 TITE					Change	Addition
NAME	HOFMANN, JOHN			4. 2 NA						
STREET ADDRESS	420 SOUTH DIX		ζ,			ADORESS				
CHY-SI-ZIP	CORAL GABLES,	_FL_33136_	DELETE	4.4 CITY		(-ZIP			Change	Addition
TITLE			ULLETE	5.1 TITE					Change	Addition
NAME				5.2 NAN						
STREET ADDRESS						ADORESS				
CITY-ST-ZIP			DELETE	5.4 CIT	_	r-zip		<del></del>	Channe	Additio-
TITLE			VELCIC	6.1 TiTE					Change	Addition
NAME				6.2 NAN						
STREET ADDRESS						ADDRESS				
CHY-SY-ZIP	on early, that the information -	nutional radiate atoms & the -	dans not accel	6.4 CIT		<del> </del>	ad in Castian 110.07(0)(). Finite Cart to	a   (	00mlf - 11	t tha
Informatio	on indicated on this annual repor	t or supplemental and	rual report is t	true and ac	ccu	irate and th	ed in Section 119.07(3)(i), Florida Statute hat my signature shall have the same lega	il effect as	if made ur	ider oath: that
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										