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FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051450 (1)

1. Corporation Name

TAMPA BAY CLINICAL RESEARCH, INC.

Principal Place of Business

Mailing Address

4917 EHRlich ROAD 3962 Peninsula Drive
SUITE 103 SUITE 103
TAMPA FL 33624 TAMPA FL 33624-2005



2. Principal Place of Business

2a. Mailing Address

21 3962 Peninsula Drive 26 3962 Peninsula Dr.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 SUITE 101 27 SUITE 101

23 LAND O' LAKES, FL 28 LAND O' LAKES, FL
City & State City & State

24 34639 25 Country 29 34639 30 Country
Zip Zip

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1995

3a. Date of Last Report

03/16/1996

4. FEI Number

50-3324088 59-3409214

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

10. Name and Address of New Registered Agent

81 Name

PATTERSON, SEAN E.

82 Street Address (P.O. Box Numbers Not Acceptable)

3962 PENINSULAR DRIVE SUITE 101

83

84 City

LAND O' LAKES

FL

85 Zip Code

34639

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

TITLE P
NAME PATTERSON, SEAN E PHD
STREET ADDRESS 4917 EHRlich RD, SUITE 103
CITY-ST-ZIP TAMPA FL 33624

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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 Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, typed or printed name of registered agent and file if applicable

4/30/97

513 985 212

CR2E034 (9/96)