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 # P95000096576 (0)

1. Corporation Name

CLINICAL RESEARCH SPECIALISTS, INC.

Principal Place of Business
46 N. WASHINGTON BLVD., #1
SARASOTA FL 34236

Mailing Address
46 N. WASHINGTON BLVD., #1
SARASOTA FL 34236

3. Date Incorporated or Qualified: 12/21/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 1217 EAST AVENUE S.
Suite, Apt #, etc.
22 #209
City & State
23 SARASOTA FL
Zip
24 34239
Country
25

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

4. FEI Number: 59-3348822 ☐ 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

SHESLER, VICKIE L
46 N. WASHINGTON BLVD., #1
SARASOTA FL 34236

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHESLER, VICKIE L		1.2 NAME		
STREET ADDRESS	46 N. WASHINGTON BLVD., #1		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	D,P	☐ Change ☑ Addition
NAME			2.2 NAME	McENTEE, WILLIAM J. III	
STREET ADDRESS			2.3 STREET ADDRESS	1217 EAST AVENUE SOUTH, #209	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		☐ DELETE	3.1 TITLE	D,VP	☐ Change ☑ Addition
NAME			3.2 NAME	SANDY, CYNTHIA S.	
STREET ADDRESS			3.3 STREET ADDRESS	1217 EAST AVENUE SOUTH, #209	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		☐ DELETE	4.1 TITLE	S,T	☐ Change ☑ Addition
NAME			4.2 NAME	McENTEE, DIANNE D.	
STREET ADDRESS			4.3 STREET ADDRESS	1217 EAST AVENUE SOUTH, #209	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		☐ DELETE	5.1 TITLE		☐ 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 voluntarily 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: [signature] 4/26/96 (941) 365-6463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM J. McENTEE III President

CR2E034 (12/95)