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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000005879 (7)

CLINICAL TRIALS, INC.

		_
Principal Place of Business	Mailing Address	
427 TANBARK PLACE	427 TANBARK PLACE	
TALLAHASSEE FL 32301	TALLAHASSEE FL 32301	

## **FILED** Jan 20 1998 8:00am Secretary of State



427 TANBARK PLACE TALLAHASSEE FL 32301  427 TANBARK PLACE TALLAHASSEE FL 32301			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified 01/19/1996		
2. Principal P	lace of Business	2a. Mailing Address		_		4. FEI Number Ac	plied For	
21		26		_	_	59-3362839 No	t Applicable	
Suite, Apt.	#, etc,	Suite, Apt, #, etc.				5. Certificate of Status Desired \$8.75		
22		27				Fee Re	equired	
′	City & State City & State					6. Election Campaign Financing\$5.00	May Be	
23		28				Trust Fund Contribution	to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the current year int	_ ~ .	
24	25	29	30			Personal Property Tax due June 30. 🔀 Yes 🔲 No		
	9. Name and Address of 0	Current Registered Agent		~-		10. Name and Address of New Registered Agent		
PIERCE, ROBERT A				81 Name				
	7 South Calhoun Stre	ET	Ì	82	82 Street Address (P.O. Box Number is Not Acceptable)			
TA	LLAHASSEE FL 32301					·		
				83				
				84	City	FI 85 Zip	Code	
11. Pursuant	to the provisions of Sections 60	07.0502 and 607.1508. Florida St	atutes, the ab	oove	-named cor	<b>F</b> ( )	s realistered	
office or r	egistered agent, or both, in the	State of Florida, Such change w	as authorized	d by	the corpora	poration submits this statement for the purpose of changing it tion's board of directors. I hereby accept the appointment as	registered	
	m tamiliai with, and accept the	s obligations of, section 607.0505	o, rionda Stat	uies	) <b>.</b>		-	
SIGNATURE	Signature, lyped or printed name of regist	ered agent and little if applicable	(NOTE: Registered	Age	nt signature regu	fred when reinstating) DATE		
12.		RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12	
TITLE	PSTD	DELETE	1.1 TIX	TLE		Change	Addition	
NAME	YOUNG, CLARE E		1,2 NA	ME				
STREET ADDRESS	427 TANBARK PLACE		1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 3230	01	1.4 01					
TELE	VP -	☐ DELETE			<del></del>	Change	Addition	
NAME	YOUNG, WADE P	_	2.2 NA	LME	-		[	
STREET ADDRESS	ACT TANDADY DI ACE			ADDRESS				
CITY-ST-ZIP	TALLALIA COFF EL DOGGE			ST-ZIP				
TITLE		DELETE			,, <u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>	☐ Change	Addition	
NAME			3.2 NA	ME				
STREET ADDRESS			- 2		ADDRESS		ľ	
CITY-ST-ZIP			3.4. CI		- 1			
TITLE						Change	Addition	
NAME			4, 2 N		ĺ		-	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			4,4 CI					
TITLE		DELETE			, 2	Change	Addition	
NAME		<del></del>	5.2 NA			<del>-</del> •		
STREET ADDRESS					ADDRESS		}	
CITY-ST-ZIP			5.4 GI				j	
TITLE		DELETE			. 411	Change	Addition	
NAME			6,2 NA		[			
STREET ADORESS					ADDRESS			
			6.4 CD				j	
CITY-ST-ZIP	certify that the information supr	olled with this filling does not gual	ify for the exe	mpt	tion stated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the ure shall have the same legal effect as if made under oath; the	information	
Indicated	on this annual report or supple	emental annual report is true and	accurate and	d the	at my signati	are shall have the same legal effect as if made under oath; the	atlam an	