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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

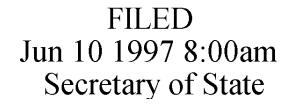
Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000016498 (3)

BIOCLINICAL RESEARCH PARTNERS, INC.

Principal Place of Business

Mailing Address





14800 S.W. 74TH COURT MIAMI FL 33158			MIAMI FL 33158-1616			
					3. Date Incorporated or Qualified 02/21/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		[26]	26		65-0661982	Not Applicable
Suite, Apt.	#, etc.	Suite, Apl. #, eti	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	4		Trust Fund Contribution	Added to Fees
Zip	Country	Zip			8. This corporation has liability for intangible tax under s. 199.032,	
24			30			
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Re	gistered Agent
	ISE, ALAN R			81 Name		
) S. Dadeland Blvd. Te 600		No.	82 Street Add	dross (P.O. Box Number is Not Acceptab	le)
	MI FL 33158		•	83	,	
,			•	84 City		85 7ip Code
M. District	to the provisions of Coeffice CO	20100 CO2 4F CO 10	0:-1 1			<u>FL</u>
office or r agent. I a	egistered agent, or both, in the m familiar with, and accept the	7.0502 and 607.1506, Florida Stale of Florida Such change obligations of, Section 607.050	Statutes, me an was authorized 05, Florida Stati	love-named cor I by the corpora utes.	poration submits this statement for the pation's board of directors. I hereby acception	of changing its registered by the appointment as registered
SIGNATURE				· .		
	Signature typed or printed name of register	ed ngcol and title if applicable S AND DIRECTORS		Ageot signature, requ	and when reinstating)	DATE DATE OF TOPO IN 10
12.	D	DELET DELET	13. IÉ 1.1 TH		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	ABELS, MICHAEL A	LJ DIELI				Cria-igeAddition
1	% 14600 S.W. 74TH COU	DT	1.2 NA			
STREET ADDRESS	MIAMI FL 33158	IXI		HEET ADDRESS		
CITY-ST-ZIP TITLE	MIMMI FL 33130	DELET		Y - ST - 7IP		Change Addition
NAME	,	p(tt)				Change Addition
			22 NA		•	
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	☐ DFLFT		IY-S1-ZIP		Change Addition
NAME			3.2 NA			Zi Sittingo Zi Assirton
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				FY - ST - ZIP		
TITLE		DELET				Change Addition
NAME			4. 2 NA	1		
STREET ADDRESS				REFT ADDRESS		
CITY-ST-ZIP				Y-\$T-7)P		
TITLE		DELET				☐ Change ☐ Addition
NAME		•	5.2 NAI	ME		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				Y-\$1-7IP		
TITLE		DELE1				Change Addition
NAME			6.2 NAI			_ •
STREET ADDRESS				REFT ADDRESS		ļ
CITY-ST-ZIP				Y-\$1-ZIP		İ

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 offect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.