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FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000063875 (4)

1. Corporation Name

GULF COAST CLINICAL RESEARCH, INC.



Principal Place of Business

602 GREENWOOD AVENUE SOUTH
CLEARWATER FL 34616

Mailing Address

602 GREENWOOD AVENUE SOUTH
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 28471 US 19 NORTH
Suite/Apt. #, etc.

22 517

23 CLEARWATER

24 33761

25 USA

2a. Mailing Address

26 28471 US 19 NORTH
Suite/Apt. #, etc.

27 517

28 Clearwater

29 33761

30 USA

3. Date Incorporated or Qualified

07/26/1996

4. FEI Number

59-3395751

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOUDREAU, STEVEN LEE
602 GREENWOOD AVENUE SOUTH
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

BOUDREAU, Steven Lee

82 Street Address (P.O. Box Number is Not Acceptable)

28471 US 19 NORTH

83

Suite 517

84

City Clearwater

FL

85 Zip Code

33761

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P, S
STREET ADDRESS BOUDREAU, STEVEN LEE
CITY-ST-ZIP 104 LAKESIDE COLONY DRIVE
TARAPON SPRINGS FL 34689

TITLE ☒ DELETE

NAME VTS
STREET ADDRESS LEPINE, GUY
CITY-ST-ZIP 15225 U.S. HWY. 19 NORTH
HUDSON FL 34667

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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]

2/12/98

813-669-5531

CR2E034 (10/97)