

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED  
 Jul 13 1998 8:00 am  
 Secretary of State

DOCUMENT # P96000101675 (2)  
 1. Corporation Name

MEDICAL RESEARCH AFFILIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 12229 ROCKLEDGE CIR. SUITE 302E BOCA RATON FL 33428 US  
 Mailing Address: 12229 ROCKLEDGE CIR. SUITE 302E BOCA RATON FL 33428 US

3. Date Incorporated or Qualified: 12/16/1986  
 4. FEI Number: 65-0722877  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 ELIMINATE SUITE 302E  
 2a. Mailing Address: 26 ELIMINATE SUITE 302E  
 Suite, Apt. #, etc. City & State Zip Country  
 22 ELIMINATE SUITE 302E 27 ELIMINATE SUITE 302E  
 City & State City & State  
 23 28  
 Zip Country Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent

SCIARRETTA, STEVEN A ESQ.  
 2300 GLADES ROAD  
 SUITE 302E  
 BOCA RATON FL 33431

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARVIN LOURIE	1.2 NAME	
STREET ADDRESS	12229 ROCKLEDGE CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTELLE LOURIE	2.2 NAME	
STREET ADDRESS	12229 ROCKLEDGE CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 \*\*\*150.00

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: \_\_\_\_\_ DATE: 07-13-98

CR2E034 (5/98)

Medical Research Affiliates, Inc.

12229 Rockledge Circle, Boca Raton, Florida 33428-4811

Marvin Lourie, D. Ph.  
President

July 8, 1998

Division of Corporations  
Annual Reports Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

Re: 1998 Profit Corporation Annual Report Packet  
Medical Research Affiliates, Inc.  
Document # P96000101675 (2)

I recently received the above subject document "2nd Notice", however, I never received the "1st Notice". This being a fairly new corporation in the State of Florida, perhaps the first notice went to a different address since my attorney, Steven A. Sciarretta, P.A., originally had all documents mailed to 2300 Glades Road, Suite 302E, Boca Raton, FL 33431.

I called the Division of Corporations in Tallahassee today and discussed the matter with an individual in that office and was instructed to mail the subject document to your attention with a check in the amount of \$150.00.

I am very sorry for this inconvenience and respectfully request that the \$150.00 filing fee be accepted for 1998.

Sincerely yours,

*Marvin Lourie*

Marvin Lourie, D.Ph.  
President