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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000101675

1. Corporation Name

MEDICAL RESEARCH AFFILIATES, INC.

MEDICAL F	RESEARCH AFFILIATES, II			<del></del>				
Principal Place of	Business	Mailing Address						•
12229 ROCKLEDGE	E CIR.	12229 ROCKLEDGE BOCA RATON FL 3			•	DO NOT WRITE	E IN THIS SPACE	
BOCA RATON FL 33428 US US						3. Date Incorporated or Qualifed	- 11 1110 01 700	-
••						12/16/1996		
		2a. Mailing Addres				4. FEI Number		Applied For
2. Principal Place	e of Business	<del></del>	99			65-0722877		Not Applicable
21	ata .	Suite, Apt. #, 6				5. Certificate of Status Desired		5 Additional Required
Suite, Apt. #,	616.	27						
City & State		City & State			•	6. Election Campaign Financing Trust Fund Contribution		0 May Be ed to Fees
23		28		country		8. This corporation owes the curre		
Zip	Country	Zip	30	ountry.		Personal Property Tax.	∐ Yes	₽₹No
24	25 Curren	29 29 Agent	[30]			10. Name and Address of New Ro	egistered Agent	
	9. Name and Address of Curren	it ushizraran when		81	Name			
SCIAR	RETTA, STEVEN A ESQ.	e orași e orași		82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)	
2300 (	GLADES ROAD	Mas				<u>ا د به خوره و دوروی س</u> پ اور	12 0 00 00 00 00 000 1 4 2 00 00 00 000	सामेर साम
SUITE	302E			83				
	RATON FL 33431	•		84	City			Zip Code
				<u>_</u>		poration submits this statement for the jon's board of directors. I hereby accep		n its registered
12.		ND DIRECTORS		13.	nt signature requir	ed when reinstating)  ADDITIONS/CHANGES TO OFF	FICERS AND DIRE	CTORS IN 12 nge
	PT	ال ال		1.2 NAME				
	MARVIN LOURIE 12229 ROCKLEDGE CIR.		1		T ADDRESS			
•	BOCA RATON FL			1.4 CITY-5	- 4		Cha	nge Addition
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	ESTELLE LOURIE		:	2.2 NAME	j			
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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, with all other like empowered. CITY-ST-ZIP

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90015 014 \*\*\*150.00