

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

FILED
Jun 17 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 # P97000020858 (1)

1. Corporation Name

FLORIDA CLINICAL RESEARCH CENTER, INC.



Principal Place of Business

1613 N. MILLS AVENUE
ORLANDO FL 32803

Mailing Address

1613 N. MILLS AVENUE
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1997

4. FEI Number

59-344 2742

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

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

DAVIS, BRADLEY J
GILES & ROBINSON, P.A.
390 N. ORANGE AVE., SUITE 800
ORLANDO FL 32803

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

Signature: Typed or printed name of registered agent (if not applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CURRY, R. CHARLES JR.
STREET ADDRESS 1613 N. MILLS AVENUE
CITY-ST-ZIP ORLANDO FL 32803

☐ DELETE

TITLE D
NAME SCHWARTZ, KERRY M
STREET ADDRESS 1613 N. MILLS AVENUE
CITY-ST-ZIP ORLANDO FL 32803

☐ DELETE

TITLE D
NAME SAENZ, CARLOS B
STREET ADDRESS 1613 N. MILLS AVENUE
CITY-ST-ZIP ORLANDO FL 32803

☐ DELETE

TITLE D
NAME WILLIS, WILLIAM H JR.
STREET ADDRESS 1613 N. MILLS AVENUE
CITY-ST-ZIP ORLANDO FL 32803

☐ DELETE

TITLE D
NAME WEAVER, CURTIS J
STREET ADDRESS 1613 N. MILLS AVENUE
CITY-ST-ZIP ORLANDO FL 32803

☐ DELETE

TITLE D
NAME IVANHOE, RUSSELL J
STREET ADDRESS 1613 N. MILLS AVENUE
CITY-ST-ZIP ORLANDO FL 32803

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

10/6/17

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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 to this address.

CR2E034 (10/97)