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FILED

Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000034716 (5)**

1. Corporation Name

**NORTH AMERICAN CLINICAL RESEARCH, INC.**



Principal Place of Business

**1131 S.E. 2ND AVE.  
FT. LAUDERDALE FL 33316**

Mailing Address

**1131 S.E. 2ND AVE.  
FT. LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/17/1997**

4. FEI Number

**65-0816754**

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** Suite, Apt. #, etc.

**22** City & State

**23** Zip **25** Country

**24**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **30** Country

**29**

9. Name and Address of Current Registered Agent

**KAUFMAN, CHERYL J  
2301 SUNSET DRIVE  
MIAMI BEACH FL 33140**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **RUSH, MICHAEL J M.D.**  
STREET ADDRESS **3032 NORTH ATLANTIC BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **D** ☐ DELETE  
NAME **SMUCLOVSKY, CLAUDIO M M.D.**  
STREET ADDRESS **3041 NE 39TH STREET**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **D** ☐ DELETE  
NAME **KRAVETZ, MARK H M.D.**  
STREET ADDRESS **1700 MICANOPY AVE.**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **D** ☐ DELETE  
NAME **RUBINSON, HOWARD A M.D.**  
STREET ADDRESS **2639 NE 12TH STREET**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

TITLE **D** ☐ DELETE  
NAME **SWILLEY, ROGER**  
STREET ADDRESS **1400 ENGLISH COURT**  
CITY-ST-ZIP **WILMINGTON NC 28405**

TITLE **D** ☐ DELETE  
NAME **GALEX, LEON**  
STREET ADDRESS **2700 HEMLOCK FARMS, 103 BOULDER DRIVE**  
CITY-ST-ZIP **HAWLEY PA 18428**

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

*Michael J. Rush* **MICHAEL J. RUSH**

CR2E034 (10/97)