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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 # **P97000058927 (9)**

1. Corporation Name
CLINICAL RESORTS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~69 BAY WOODS DRIVE~~ ~~SAFETY HARBOR FL 34695~~ 2801 MARRIE COURT CLEARWATER, FL. 33761	~~69 BAY WOODS DRIVE~~ ~~SAFETY HARBOR FL 34695~~ P.O. Box 15132 CLEARWATER, FL 33766

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1997

2. Principal Place of Business	2a. Mailing Address
21 2801 MARRIE CT	26 P.O. Box 15132
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: CLEARWATER, FL	28 City & State: CLEARWATER FL
24 Zip: 33761 25 Country: USA	29 Zip: 33766 30 Country: USA.

4. FEI Number: 59-3468004 ☐ Applied For ☐ Not Applicable

6. 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MASON, ANDREW M 69 BAY WOODS DRIVE SAFETY HARBOR FL 34695	81 Name: MASON, ANDREW M 82 Street Address (P.O. Box Number is Not Acceptable): 2801 MARRIE CT. 83 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: _____ Apr 29/1998
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASON, ANDREW M 69 BAY WOODS DRIVE SAFETY HARBOR FL 34695	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIRECTOR MASON, ANDREW M. 2801 MARRIE CT. CLEARWATER, FL 33761	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	6/17	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	000002564830 -06/18/98--01060--012 ***150.00	☐ Change ☐ Addition

CR2E034 (10/97)

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: _____ Apr 29/98