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 # P97000087815

1. Corporation Name

GENESIS CLINICAL RESEARCH CORP.

三州 海外的情况的

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90027 011 ***150.00



## SAZE WEST BEACH PARK DRIVE TAMPA FL 3809 ** **TAMPA FL 3809 **	Principal Place	of Business	Mailing Address					
2. Principal Place of Business Za. Mailing Address 4. FEI Number Applied For July 1997 328 4. FEI Number Applied For July 10/10/1997 328 4. FEI Number Applied For July 10/10/1997 328 5. Certificate of Status Desired 59-3468848 5. Certificate of Status Desired 58-75 Additional For Required 5. Certificate of Status Desired 58-75 Additional For Required 5. Certificate of Status Desired 5. Certificate	4302 WEST BEA	ACH PARK DRIVE	4302 WEST BEACH	4302 WEST BEACH PARK DRIVE			•	
2. Principal Place of Business 2a. Mailing Address 4. Fell Number 10/10/1997 2 2e 3e 3e 3e 5. Carificate of Status Deaired 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-3468848 59-34	TAMPA FL 3360	9	TAMPA FL 33609				DO NOT WRITE IN THIS SPACE	
2. Principal Piace of Business								
2. Principal Place of Blusiness 2. Mailing Address 2. Mailing Address 2. Subs. Apt. #, etc. 5. 9-3468848 5. Sold Apt. #, etc. 5. Cartificate of Status Desired 58.75 Additional Fee Required 57. Cartificate of Status Desired 58.75 Additional Fee Required 57. Cartificate of Status Desired 58.75 Additional Fee Required 58.00 May Bo Additional Fe		,					1	
Sulfa, Apt. #, etc.								
Suite, Apt. #, efc. Suite, Apt. #, efc. Suite, Apt. #, efc. 27 City & State	├── · · · · · · · · · · · · · · · · · ·			ng Address				
27 27 27 27 27 28 28 27 28 28								
City & State 23 City & State 24 City & State 25 Country Zip Zi		#, etc.	F				E Contitonto of Status Decired '	
Trust Fund Contribution				/				
Zig		•	}	 7				
25 28 30 Personal Property Tax respective property and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Na								
S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NAVARRO, JESUS O 4302 WEST BEACH PARK DRIVE TAMPA FL 33609 41. Pursuant to the provisions of Sections 807,0502 and 607,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florids Statutes. SIGNATURE Signature, typid or principlations of, Section 607,0505, Florids Statutes. SIGNATURE Signature, typid or principlations of, Section 607,0505, Florids Statutes. SIGNATURE Signature, typid or principlations of, Section 607,0505, Florids Statutes. SIGNATURE Signature, typid or principlations of, Section 607,0505, Florids Statutes. SIGNATURE Signature, typid or principlations of, Section 607,0505, Florids Statutes. SIGNATURE Signature, typid or principlations of, Section 607,0505, Florids Statutes. SIGNATURE Signature, typid or principlations of, Section 607,0505, Florids Statutes. SIGNATURE Signature, typid or principlations of, Section 607,0505, Florids Statutes. SIGNATURE Signature, typid or principlation of, Section 607,0505, Florids Statutes. SIGNATURE Signature, typid or principlation of, Section 607,0505, Florids Statutes. SIGNATURE Signature, typid or principlation of, Section 607,0505, Florids Statutes. SIGNATURE Signature, typid or principlation of, Section 607,0505, Florids Statutes. SIGNATURE Signature, typid or principlation of, Section 607,0505, Florids Statutes. SIGNATURE Signature, typid or principlation of, Section 607,0505, Florids Statutes. SIGNATURE Signature, typid or principlation of, Section 607,0505, Florids Statutes. SIGNATURE Signature, typid or principlation of, Section 607,0505, Florids Statutes. SIGNATURE Signature, typid or principlation of, Section 607,0505, Florids Statutes. SIGNATURE Signature, typid or principlation of, Section 607,0505, Florids Statutes. SIGNATURE Signature, typid or principlation of, Section 607,0505, Florids Statut	<u> </u>	_ `	├ ──	· · · · · · · · · · · · · · · · · · · · · · · · ·				
NAVARRO, JESUS O 4302 WEST BEACH PARK DRIVE TAMPA FL 33609 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 2/2 Code 11. Pursuant to the provisions of Sections 507.0502 and 507.1508, Florida Statute, the opporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of Section 607.0505, Florida Statute, sometime of the provisions of Section 607.0505, Florida Statute, sometime of the provisions of Section 607.0505, Florida Statute, sometime of the provisions of Section 607.0505, Florida Statute, sometime of the provisions of Section 607.0505, Florida Statute, sometime of Statute, so	24						1 Cradital 1 topolity 1 com	
NAVARRO, JESUS O 4302 WEST BEACH PARK DRIVE TAMPA FL 33609 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 90 Zip C	-	9. Name and Address of Curren	Registered Agent		81	Name		
## 4302 WEST BEACH PARK DRIVE TAMPA FL 33609 11. Pursuant to the provisions of Sections 697.0502 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 approximent as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE NAME 14. TITLE NAME 15. TAMPA FL 33609 14. Change 15. TAMPA FL 33609 15. TAMPA FL 33609 16. Change 16. Change Addition NAME 17. ST.2P TITLE DELETE 17. ST.2P 17.	NAVA	ARBU IESTIS U			1	Hamo		
TAMPA FL 33609 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and found accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent and sear application of sections. I hereby accept the appointment as registered agent and tear application required when reliability. SIGNATURE D					82 Street Address (P.O. Box Number is Not Acceptable)			
Section Sect					22			
The provisions of Sections 607 0502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, or both, in the State of Florida, Statutes agent, and accept the obligations of, Section 607 0509, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME NAVARRO, JESUS O STREET ADDRESS CITY. ST. ZP TITLE OELETE 13. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE OELETE 13. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE OELETE 13. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OELETE 3.1 TITLE	I AWII	FA FL 33009			83			
1. 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, and familiar with, and accept the obligations of Section 607.0505, Florida Statutes, Signature agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes, Signature agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, or both and accept the obligations of Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both agent agent and state agent and accept the obligations of Section 607.0502 and accept the obligations of Section 607.0502 and accept the obligations of Section 607.0502 and accept the obligation of Sec					84	City	85 Zip Code	
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, and took if applicable. SIGNATURE Cofficers and Directors 13. Addition	ļ							
SIGNATURE SIGNATURE Signature, typed or printed name of registered apert and time if appocable (NOTE Registered Agent Separative requires when visitations) TITLE D OSFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE NAVARRO, JESUS O STREETADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE OBLETE 31.TITLE 32.STREET ADORESS CITY-ST-ZIP TITLE OBLETE 33.STREET ADORESS CITY-ST-ZIP TITLE OBLETE 41.TITLE OBLETE 33.STREET ADORESS CITY-ST-ZIP TITLE OBLETE 41.TITLE OBLETE 41.TITLE OBLETE 41.TITLE OBLETE 41.TITLE OBLETE 41.TITLE OBLETE 51.TITLE OBLETE 41.TITLE OBLETE 41.TITLE OBLETE 51.TITLE OBL	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							
SIGNATURE Signature, typed or protest name of registered agent and tils if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D NAVARRO, JESUS O 12.2 NAME STREET ADDRESS CITY-ST-ZP TAMPA FL 33609 12.2 NAME STREET ADDRESS CITY-ST-ZP TITLE D DELETE 1.1 TITLE 1.2 NAME 1.2 STREET ADDRESS CITY-ST-ZP TITLE DELETE 2.1 TITLE 2.2 NAME 2.2 STREET ADDRESS CITY-ST-ZP TITLE DELETE 3.1 TITLE 3.3 STREET ADDRESS CITY-ST-ZP TITLE DELETE 3.1 TITLE 3.3 STREET ADDRESS CITY-ST-ZP TITLE DELETE 3.1 STREET ADD	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
Company Comp]	, •	- 14 7 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
TITLE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						104011011111111111111111111111111111111	
NAVARRO, JESUS 0	12.	OFFICERS AN						
STREET ADORESS 4302 WEST BEACH PARK DRIVE 1.3 STREET ADORESS 1.4 CITY. ST. ZIP	TITLE	D		TE 1.1	ΠΓLE		Change Addition	
TAMPA FL 33609	NAME (NAVARRO, JESUS O		1.21	1.2 NAME			
TITLE	STREET ADDRESS 4302 WEST BEACH PARK DRIVE		Œ	1.3 5	STREET	ADORESS	·	
TITLE	CITY-ST-ZIP	TAMPA FL 33609		1.4 (CITY-ST	-ZIP		
STREET ADDRESS 2.3 STREET ADDRESS				TE 2.1	2.1 TITLE		☐ Change ☐ Addition	
CITY-ST-ZIP	NAME			2.21	VAME		· ·	
CITY-ST-ZIP				2.3 STREET ADDRESS		ADDRESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	,			2. 4 CITY-ST-ZIP		T-ZIP		
NAME	 		☐ DELE				Change Addition	
STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-ZIP 34 CITY-ST-ZIP	i			3.21	VAME			
STREET ADDRESS SA CITY-ST-ZIP SA CITY-ST-ZIP Change Addition	"	·	•			ADORESS		
DELETE								
NAME STREET ADDRESS CITY-ST-ZIP TITLE S1 DELETE S1 TITLE S2 NAME S4 CITY-ST-ZIP TITLE S3 STREET ADDRESS CITY-ST-ZIP TITLE S4 DELETE S4 CITY-ST-ZIP TITLE S2 NAME S7 STREET ADDRESS		, or the second					☐ Change ☐ Addition	
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP	1 1					1		
A4 CITY-ST-ZIP						ADDDEGG		
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME <td>) </td> <td>•</td> <td></td> <td>i</td> <td></td> <td></td> <td></td>)	•		i				
NAME						-ZIP	Change C Addition	
STREET ADDRESS]			1				
STREET ADDRESS)]					ADDDCCC		
DELETE	STREET ADDRESS							
NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST 7/D	CITY-ST-ZIP					r-ZIP		
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CTV ST 70	TITLE		. ∐ DELE				☐ Change ☐ Addition	
STREET ADDICAS	NAME							
CITY-ST-ZIP 6.4 CITY-ST-ZIP	STREET ADDRESS			6.3	STREET	ADDRESS	S .	
	CITY-ST-ZIP			6.4	CITY-S1	T-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 officer or director of the corporation or the receiver or trustee emp Block 12 or Block 13 if changed, or on an attachment with

SIGNATURE:

813-273-1016