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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000104141 (1)

CUNICAL MEDICAL & RUDOD RESEARCH INC

FT LAUDERDALE FL 33309	Principal Place	e of Businoss RESS CREEK RD	Mailing Add	dress PRESS CREEK RD		TO N. L.			
3. Date incorporated or Qualified 12/10/1987 2. Principal Place of Business 2. Mariling Address 2. Mariling Address 2. Exp. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. FEI Number 5. Certificate of Status Desired	SUITE 930 SUITE 930 ET LAUDERDALE EL 33309 ET LAUDERDALE EL 3330				9		DO NOT WRITE IN THIS SPACE		
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2. Mailing Address 2. Mailing Address 2. Mailing Address 4. FEI Number							12/10/1997		
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Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. South #,	1		26				65-0215960 N	ot Applicable	
City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State Country Country Country Zip Country Zip Country S. This corporation owes or has paid the current year Intangliar personal Property Tex due June 30. Yes No Personal Property Tex due June 30. Yes No Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) FILINGS, INC. 3732 N.W. 16TH STREET Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable		#, etc.	Suite, A	pt. #, etc.			5 Contificate of Status Desired Status		
25 29 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zireet Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 B4 City FL 85 Zip Code 80 Zireet Address (P.O. Box Number is Not Acceptable) 80 B4 City FL 85 Zip Code 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zireet Address (P.O. Box Number is Not Acceptable) 89 Zip Code 80 Zip Code 81 Xip Code 82 Street Address (P.O. Box Number is Not Acceptable) 82 Zip Code 83 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City	3	e	28	tate					
9. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Socions 607 0501 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of 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 and accept the appointment as registered agent. I are accept to the purpose of changing its register. Interval accept the accept the accept the accept the appointment as registered agent. I are accept to the purpose of changing its register. Interval accept the a	, , , , , , , , , , , , , , , , , , ,		Zip	Country					
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FILINGS, INC. 3732 N.W. 18TH STREET FT. LAUDERDALE FL 33311-4132 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 050) and 607 1508, 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 and Language with, and eccept the objections of 5055, Florida Statutes. SIGNATURE Signature Signature Need or prefer have of Registered age possible appointment as possible agent to an authorized by the corporation's board of directors. I hereby accept the appointment as registered agent signature required when reinstaling) DATE Signature Need or prefer have of Registered agent signature required when reinstaling) DATE 12. Of FICERS AND DIRECTORS INDICERS AND DIRECTORS IN 12 THE DAME 12 NAME 12 NAME 13 STREET ADDRESS FT LAUDERDALE FL 33309 14 DITY-ST-ZIP THE Change Addit		9, Name and Address of Cu	rrent Registered Ag	J/10			10. Name and Address of New Registered Agent		
11. Pursuant to the provisions of Sections 607.0509 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registers 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 are tanging with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Note Note	37	32 N.W. 16TH STREET	32			Street Add	ress (P.O. Box Number is Not Acceptable)		
SIGNATURE							FLII		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITTLE D	11. Pursuant office or a agent. I a SIGNATURE	Manuel Di	o saver	MD.				is registered registered	
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3.4. CITY-ST-ZIP

14. Thereby 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 arrival 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 trusted compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 in the hard part of the receiver or trusted in a state of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 in the hard part of the receiver or trusted on the receiver of the corporation of the receiver or trusted on the receiver of the corporation of the receiver or trusted on the receiver of the corporation of the receiver or trusted on the receiver or trusted on the receiver of the corporation of the receiver or trusted on the receiver of the receiver of the receiver or trusted on the receiver of t

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