

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90053 036 \*\*\*150.00

**DOCUMENT # P98000017202**

1. Entity Name  
**AXIOM CLINICAL RESEARCH OF FLORIDA, INC.**



Principal Place of Business

**2919 SWANN AVENUE  
SUITE 401-105A  
TAMPA, FL 33609**

Mailing Address

**2919 SWANN AVENUE  
SUITE 401-105A  
TAMPA, FL 33609**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007

Chg-P

CR2E034 (12/06)

4. FEI Number

**59-3493892**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.  
401 E. JACKSON STREET  
SUITE 1700  
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SERGAY, STEPHEN M M.D.	
STREET ADDRESS	2919 SWANN AVENUE SUITE 401	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEEN, SUSAN J M.D.	
STREET ADDRESS	2919 SWANN AVENUE SUITE 401	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASCIONE, MARK C M.D.	
STREET ADDRESS	2919 SWANN AVENUE, SUITE 401	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*[Signature]*  
**Susan Steen MD President**

813-875-5197