


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90045 019 ***150.00

DOCUMENT # P98000017202
 1. Entity Name
AXIOM CLINICAL RESEARCH OF FLORIDA, INC.



Principal Place of Business 2919 SWANN AVENUE SUITE 105A TAMPA, FL 33609	Mailing Address 2919 SWANN AVENUE SUITE 105A TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3493892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPDIRECT AGENTS, INC.
 515 EAST PARK AVENUE
 TALLAHASSEE, FL 32301**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERGAY, STEPHEN M M.D. 2919 SWANN AVENUE SUITE 105A TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEEN, SUSAN J M.D. 2919 SWANN AVENUE SUITE 105A TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASCIONE, MARK C M.D. 2919 SWANN AVENUE, SUITE 105A TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. WILSON, ROBERT G. D.O. 2919 SWANN AVENUE SUITE 105A TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Mark Cascione **1-9-08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #