

**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**

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 ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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, 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 D
NAME SERGAY, STEPHEN M M.D.
STREET ADDRESS 2919 SWANN AVENUE SUITE 105A
CITY-ST-ZIP TAMPA, FL 33609

TITLE D
NAME STEEN, SUSAN J M.D.
STREET ADDRESS 2919 SWANN AVENUE SUITE 105A
CITY-ST-ZIP TAMPA, FL 33609

TITLE D
NAME CASCIONE, MARK C M.D.
STREET ADDRESS 2919 SWANN AVENUE, SUITE 105A
CITY-ST-ZIP TAMPA, FL 33609

TITLE D.
NAME WILSON, ROBERT G. D.O.
STREET ADDRESS 2919 SWANN AVENUE SUITE 105A
CITY-ST-ZIP TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #