

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90011 037 ***150.00

DOCUMENT # P98000020362

1. Corporation Name

U.C.R. DELAND, INC.



Principal Place of Business

925 N SPRING GARDEN AVE
DELAND FL 32720

Mailing Address

925 N SPRING GARDEN AVE
DELAND FL 32720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1998

4. FEI Number

59-3498252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BALLINGER, STEVEN R
412 SE 18TH ST
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 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 am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADAMS, LAURI	
STREET ADDRESS	925 N SPRING GARDEN AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GILDERMAN, LARRY D.O.	
STREET ADDRESS	925 N SPRING GARDEN AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	GILDERMAN, BRIAN	
STREET ADDRESS	925 N SPRING GARDEN AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lauri Adams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 July 99
Date

904-7400770
Daytime Phone #

CR2E034 (5/99)

593731-9001-37
P98000020362

University Clinical Research ♦ Deland

925 North Spring Garden Avenue, Deland, Florida 32720-2560
Tel: 904-740-0770 Fax: 904-740-0074

July 13, 1999

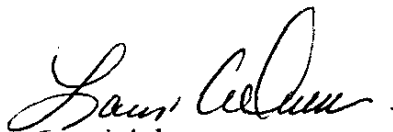
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: U.C.R. DELAND, INC.
Document #P98000020362

I have enclosed herewith a check in the amount of One Hundred and Fifty (\$150.00) Dollars that represents the Annual Corporate Fee for the above-referenced corporation. I have also enclosed our completed Annual Corporate Report for 1999, as requested. I apologize for the delay, however, the enclosed "2nd Notice" was the first notification that I received.

Thank you for your attention to this matter. Should you require any additional information, please feel free to call me at 904-740-0770.

Sincerely,



Lauri Adams
President

LA/kmh
Enclosure