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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000034020

1. Corporation Name

CLINICAL RESEARCH GROUP OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
23 BARKLEY CIRCLE
FORT MYERS FL 33907

Mailing Address
23 BARKLEY CIRCLE
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 650827176	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WOLPER, JAMES C M.D.
23 BARKLEY CIRCLE
FORT MYERS FL 33907

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DADRAT, ANDRESS A M.D.	1.2 NAME	Vogtland, H.D. M.D.
STREET ADDRESS	23 BARKLEY CIRCLE	1.3 STREET ADDRESS	23 Barkley Circle
CITY-ST-ZIP	FORT MYERS FL 33907	1.4 CITY-ST-ZIP	Fort Myers, FL 33907
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, H. SCOTT M.D.	2.2 NAME	Yudelman, Paul L. M.D.
STREET ADDRESS	23 BARKLEY CIRCLE	2.3 STREET ADDRESS	23 Barkley Circle
CITY-ST-ZIP	FORT MYERS FL 33907	2.4 CITY-ST-ZIP	Fort Myers, FL 33907
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, WILLIAM R M.D.	3.2 NAME	
STREET ADDRESS	23 BARKLEY CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'KONSKI, MARK S M.D.	4.2 NAME	
STREET ADDRESS	23 BARKLEY CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENUEL, JAMES W M.D.	5.2 NAME	
STREET ADDRESS	23 BARKLEY CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSEN, JOHN M D.O.	6.2 NAME	
STREET ADDRESS	23 BARKLEY CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)