
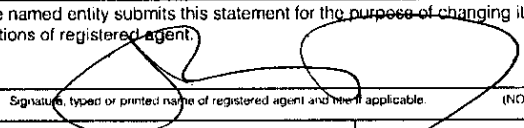
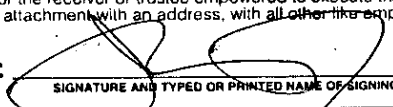


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90325 012 ***150.00

DOCUMENT # P98000034020 1. Entity 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		
2. Principal Place of Business 7152 COCA SABAL LA.		3. Mailing Address 7152 COCA SABAL LA.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State FORT MYERS, FL		City & State FORT MYERS, FL		4. FEI Number 65-0827176	
Zip 33908		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLPER, JAMES C M.D. 23 BARKLEY CIRCLE FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name PENUEL, JAMES W. Street Address (P.O. Box Number is Not Acceptable) 7152 COCA SABAL LANE City FORT MYERS, FL Zip Code 33908		
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  DATE 4/16/04 <small>(NOTE: Registered Agent signature required when reinstalling)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DADRAT, ANDRESS A M.D. 23 BARKLEY CIRCLE FORT MYERS, FL 33907	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, H. SCOTT M.D. 23 BARKLEY CIRCLE FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEITH, WILLIAM R M.D. 23 BARKLEY CIRCLE FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'KONSKI, MARK S M.D. 23 BARKLEY CIRCLE FORT MYERS, FL 33907	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENUEL, JAMES W M.D. 23 BARKLEY CIRCLE FORT MYERS, FL 33907	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOUFER, JAMES C 23 BARKLEY CIRCLE FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YUDELMAN, PAUL 7152 COCA SABAL LANE FORT MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 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:  JAMES W PENUEL (J.W.P.) 4/16/04 235 9399933 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					