## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000041767

Entity Name: SUNCOAST CLINICAL RESEARCH, INC.

FILED Jan 31, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5340 GULF DR. STE 203 NEW PORT RICHEY, FL 34652 US **New Mailing Address: Current Mailing Address:** 5340 GULF DR. STE 203 NEW PORT RICHEY, FL 34652 US FEI Number: 59-3510157 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAFARA, BERNICE 5340 GULF DRIVE STE 203 NEW PORT RICHEY, FL 34652 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD ( ) Delete Title: () Change () Addition MANNING, BARBARA J Name: Name: 6244 SPOONBILL DRIVE Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: Title: VTD () Delete Title: () Change () Addition Name: TAFARA, BERNICE A Name: 6049 RANDAN COURT Address: Address: NEW PORT RICHEY, FL 34652 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNICE TAFARA VTD 01/31/2005