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May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90016 045 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000060518			
1. Corporation Name <del>HEALTH QUEST</del> CLINICAL RESEACH INSTITUTE, INC. Pharmquest *Name Change attached			
Principal Place of Business 1 PECAN COURSE LOOP OCALA FL 34472		Mailing Address 1 PECAN COURSE LOOP OCALA FL 34472	
2. Principal Place of Business 21 150 SE 17 <sup>th</sup> Street Suite, Apt. #, etc. 22 Suite 504 City & State 23 Ocala, Florida Zip 24 34471		2a. Mailing Address 26 150 SE 17 <sup>th</sup> Street Suite, Apt. #, etc. 27 Suite 504 City & State 28 Ocala, Florida Zip 29 34471 Country 30 USA	
9. Name and Address of Current Registered Agent GORDON, YVONNE E 1 PECAN COURSE LOOP OCALA FL 34471			
10. Name and Address of New Registered Agent 81 Name GORDON, YVONNE E 82 Street Address (P.O. Box Number is Not Acceptable) 163 Hickory Road 83 84 City Ocala FL 85 Zip Code 34472			
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 <u>/s/ E. Gordon</u> DATE <u>4/29/99</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME GORDON, YVONNE E STREET ADDRESS 1 PECAN COURSE LOOP CITY-ST-ZIP Ocala FL 34471		1.1 TITLE V- 1.2 NAME GORDON, Yvonne E 1.3 STREET ADDRESS 163 Hickory Road 1.4 CITY-ST-ZIP Ocala, FL 34472	
TITLE D NAME GORDON, DELROY STREET ADDRESS 1 PECAN COURSE LOOP CITY-ST-ZIP Ocala FL 34471		2.1 TITLE P 2.2 NAME GORDON, DELROY 2.3 STREET ADDRESS 163 Hickory Road 2.4 CITY-ST-ZIP Ocala, FL 34472	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

SIGNATURE:

/s/ E. Gordon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (352) 687-0458  
Date Daytime Phone #

CR2E034 (11/98)

# State of Florida

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## Department of State

I certify the attached is a true and correct copy of the Articles of Amendment, filed on January 28, 1999, to Articles of Incorporation for HEALTH QUEST CLINICAL RESEACH INSTITUTE, INC. which changed its name to PHARMQUEST CLINICAL RESEARCH INSTITUTE, INC., a Florida corporation, as shown by the records of this office.

The document number of this corporation is P98000060518.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Third day of February, 1999



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State