PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000060518 1. Corporation Name

HEALTH QUEST-CLINICAL RESEACH INSTITUTE, INC.

Pharmquest

*Name Change attached

May 04, 1999 8:00 am Secretary of State

05-04-1999 90016 045 ***150.00



Principal Place	e of Business	Mailing Address			
1 PEÇAN COUP	RSE LOOP	1 PECAN COURSE LOOP			
OCALA FL 344		OCALA FL 34472		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed	IIO OI AOL
		1		07/01/1998	
2 Dalmain at D	land of Divisions	2a. Mailing Address		4. FEI Number	Applied For
2. Principal P	lace of Business	26 150 SE L	1th Stree		Not Applicable
21 1 3 0 Suite, Apt.		Suite, Apt. #, etc.	نگ ۱۱ ک	<u> </u>	\$8.75 Additional
22 5 1), , /,	27 Suite 50	4	5. Certificate of Status Desired \(^2\)	Fee Required
City & State		City & State	· ·	6. Election Campaign Financing	\$5.00 May Be
23 O Ce		28 Ocala, to	ordaz	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24 344	+71 25 USA	. 29 3447 1 130	USA	Personal Property Tax.	☐ Yes X No
	9. Name and Address of Current	it Registered Agent		10. Name and Address of New Register	
	DOLLA CAMP E		81 Name	GORDON , YVOI	NNE E
	DOM, YVONNE E		82 Street	Address (P.O. Box Number is Not Acceptable)	
	CAN COURSE LOOP		16	3 Hickory Road	
UUA	LA FL 34471		83	,	
	•		84 City		L 85 Zip Code 34472
				Ocala F	L 34472
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, of Florida, Such change was author	the above-named orized by the corpo	corporation submits this statement for the purpose vation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florida	Statutes.		1
SIGNATURE	-/	Lowen		4/29	199
	Signature, typed or pristed name of registered age	nt and title if applicable. (NOTE: Reg	istered Agent signature re	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	/	DELETE	1.1 TITLE	ADDITIONS/GRANGES TO OTT TOLING	Change Addition
TITLE	D Gordon, Yvonne e		1.2 NAME	GORDON , YVgnne E	/
NAME	1 PECAN COURSE LOOP		1.3 STREET ADDRESS	163 Hickory Road	
STREET ADDRESS	OCALA FL 34471		1.4 CITY-ST-ZIP	ocata 2 FL 3447D	,
CITY-ST-ZIP	D	☐ DELETE	2.1 TITLE	P	Change Addition
TITLE	GORDON, DELROY		2.2 NAME	CORNON - DELROY	~~ -
NAME			2.3 STREET ADDRESS	JULY Road	
STREET ADDRESS	1 PECAN COURSE LOOP			000 0 11 34472	_
CITY-ST-ZIP	OCALA FL 34471	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Deady The STY	☐ Change ☐ Addition
TITLE	,	□ vccc1c	3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	· >	C, Deterie	4. 2 NAME		
	* j.		4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		(J.) 5-1-1-1	5.2 NAME		
			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		□ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE			6.2 NAME		_ • _
NAME STREET ADDRESS			6.3 STREET ADDRESS		

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. CITY-ST-ZIP



Bevartment 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)

(atherine Harris Batherine Harris

Secretary of State