

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000071420

FILED
May 20, 2004
Secretary of State

Entity Name: CENTRAL FLORIDA CLINICAL TRIALS, INC.

Current Principal Place of Business:

1720 S. ORANGE AVE
#401
ORLANDO, FL 32806

New Principal Place of Business:

1110 DOUGLAS AVENUE
#1021
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1720 S. ORANGE AVE
#401
ORLANDO, FL 32806

New Mailing Address:

1110 DOUGLAS AVENUE
#1021
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3529396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, STEVEN D
1500 REDWOOD GROVE TERRACE
LAKE MARY, FL 32746

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLLINS, JENNIE D
Address: 1720 D. ORANGE AVE #401
City-St-Zip: ORLANDO, FL 32806

Title: VSD () Delete
Name: COLLINS, STEVEN D
Address: 1720 S. ORANGE AVE #401
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLLINS, JENNIE D
Address: 1110 DOUGLAS AVENUE #1021
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VSD (X) Change () Addition
Name: COLLINS, STEVEN D
Address: 1110 DOUGLAS AVENUE #1021
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: JENNIE D COLLINS

P

05/20/2004

Electronic Signature of Signing Officer or Director

Date