2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 13, 2004
Secretary of State

DOCUMENT# P98000074953

Entity Name: OPTIMAL CLINICAL RESEARCH CENTER, INC.

Current Principal Place of Business:

11479 S.W. 40 STREET
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

11479 S.W. 40 STREET
MIAMI, FL 33165

New Mailing Address:

FEI Number: 65-0889744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, MARIA ELENA
11479 S.W. 40 STREET
MIAMI, FL 33165 US

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: PD ( ) Delete
Name: HERSHMAN, LLOYD M.D.
Address: 11479 S.W. 40 STREET
City-St-Zip: MIAMI, FL 33165

Title: TD ( ) Delete
Name: HERSHMAN, KENNETH R M.D.
Address: 11479 S.W. 40 STREET
City-St-Zip: MIAMI, FL 33165

Title: SD ( ) Delete
Name: LOPEZ, MARIA E .
Address: 11479 S.W. 40 STREET
City-St-Zip: MIAMI, FL 33165

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: TORRENT, MARTA
Address: 15584 SW 63RD TERRACE
City-St-Zip: MIAMI, FL 33193

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: MARIA E LOPEZ, SECRETARY SD 10/13/2004

Electronic Signature of Signing Officer or Director Date