

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90123 037 \*\*\*150.00

DOCUMENT # P98000075616  
1. Entity Name  
CLINICAL REPORTING SYSTEM, INC.

831204

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10211 SOUTHERN GLEN CT  
Suite, Apt. #, etc.  
3. Mailing Address  
SAME  
Suite, Apt. #, etc.  
City & State  
JACKSONVILLE, FL  
City & State  
Zip  
32256 Country  
USA Zip  
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
593529724 Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
J. MARK GRICE, JR.  
Street Address (P.O. Box Number is Not Acceptable)  
10211 SOUTHERN GLEN CT  
City  
JACKSONVILLE FL Zip Code  
32256

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State  
10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	<u>PO</u>	TITLE	
NAME	<u>JOEL G. PARNES</u>	NAME	
STREET ADDRESS	<u>10211 SOUTHERN GLEN CT</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>JACKSONVILLE, FL 32256</u>	CITY-ST-ZIP	
TITLE	<u>VD</u>	TITLE	
NAME	<u>J. MARK GRICE, JR.</u>	NAME	
STREET ADDRESS	<u>10211 SOUTHERN GLEN CT</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>JACKSONVILLE, FL 32256</u>	CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowered.  
SIGNATURE: J. Mark Grice, Jr. 4/9/02 904-751-6799  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)