

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90012 039 ***150.00

DOCUMENT # P98000093446
1. Entity Name
CARDIOVASCULAR CLINICAL RESEARCH, INC.

Principal Place of Business 3801 PGA BLVD. SUITE 607 PALM BEACH GARDENS FL 33410	Mailing Address 3801 PGA BLVD. SUITE 607 PALM BEACH GARDENS FL 33410-2756
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
SIMS, MARK A 3801 PGA BLVD. SUITE 607 PALM BEACH GARDENS FL 33410	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete SIMS, MARK A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3801 PGA BLVD.	NAME	
STREET ADDRESS	PALM BEACH GARDENS FL 33410	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete BEDOYA, RICARDO A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3801 PGA BLVD.	NAME	
STREET ADDRESS	PALM BEACH GARDENS FL 33410	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete BREUR, GABRIEL E	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3801 PGA BLVD.	NAME	
STREET ADDRESS	PALM BEACH GARDENS FL 33410	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete CRANDALL, CHAUNCEY. W IV	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3801 PGA BLVD.	NAME	
STREET ADDRESS	PALM BEACH GARDENS FL 33410	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete VILLA, AUGUSTO E	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3801 PGA BLVD.	NAME	
STREET ADDRESS	PALM BEACH GARDENS FL 33410	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark A. Lewis 4/24/00 561-757-8995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/99