


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000107132		
1. Entity Name WATERSIDE CLINICAL RESEARCH SERVICES INC.		
Principal Place of Business 2001 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33407	Mailing Address 2001 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33407	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KNIGHT, NEAL W JR. C/O ALLEY, MAASS, ROGERS, ET. AL. 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when restate) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUMHOLZ, STEVEN M.D. 2001 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33407	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0810921	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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04/29/05-80128-022 158.75

**DO NOT WRITE
IN THIS SPACE**

4/29/05 561 65916543