

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P99000029897

1. Entity Name

RASF CLINICAL RESEARCH, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

03-25-2000 90013 023 ***150.00

Principal Place of Business

880 NW 13TH ST. SUITE 3-B
BOCA RATON FL 33486

Mailing Address

880 NW 13TH ST. SUITE 3-B
BOCA RATON FL 33486-2342

2. Principal Place of Business

3. Mailing Address

Suite 208A
Rheumatology Associates
1050 N.W. 15th Street

Suite 208A
Rheumatology Associates
1050 N.W. 15th Street

City & State
Suite 208A
Boca Raton, FL 33486

City & State
Suite 208A
Boca Raton, FL 33486

Zip Country

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0920331

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARDON, IRA
880 NW 13TH ST, SUITE 3-B
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name Pardon, IRA
Street Address (P.O. Box Number is Not Acceptable)
Rheumatology Associates
1050 N.W. 15th Street
City Suite 208A
Boca Raton, FL 33486 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PARDON, IRA	
STREET ADDRESS	880 NW 13TH ST, SUITE 3-B	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORSTOT, JOSEPH Z	
STREET ADDRESS	880 NW 13TH ST, SUITE 3-B	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	BACA, SHAWN	
STREET ADDRESS	880 NW 13TH ST, SUITE 3-B	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-368-9776

CR2E034 (9/99)