

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -5 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99 000029897

1. Corporation Name

RASF Clinical Research, Inc.

2. Principal Office Address

1050 NW 15th St

Suite, Apt. #, etc.

208A

City & State

Boca Raton, FL

Zip

33486

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

3/31/99

5. FEI Number

65-0920331

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Leslie Smicklas

Street Address (P.O. Box Number is Not Acceptable)

22512 Swordfish Drive

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33428

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/29/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Ira Pardo	1050 NW 15th St Suite 212A	Boca Raton FL 33486
V	Joseph Forst	1050 NW 15th St #212A	Boca Raton FL 33486
T	Shawn Baca	1050 NW 15th St #212A	Boca Raton FL 33486
S	David Alboukrek	1050 NW 15th St #212A	Boca Raton FL 33486

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S.; I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S.; that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S.; The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/02

Date

561-368-9776

Daytime Phone #

CR2081 (9/01)

RHEUMATOLOGY ASSOCIATES

of South Florida



Ira Pardo, M.D., F.A.C.R.
Joseph Z. Forstot, M.D., F.A.C.P., F.A.C.R.
Shawn Baca, M.D., F.A.C.R.
Richard A. Cappiello, M.D., F.A.C.R.
David Alboukrek, M.D., F.A.C.R.

*All Physicians Are Board-Certified in
Internal Medicine and Rheumatology*

**ARTHRITIS DIAGNOSIS
AND TREATMENT CENTER**

Boca Raton
Boca Raton Medical Plaza
1050 N.W. 15th Street, Suite 212A
Boca Raton, Florida 33486
561-368-5611

Delray Beach
5162 Linton Blvd., Suite 101
Delray Beach, Florida 33484
561-498-1114

Boynton Beach
2828 S. Seacrest Blvd., Suite 103
Boynton Beach, Florida 33435
561-737-1947

**OSTEOPOROSIS DIAGNOSTIC
AND TREATMENT CENTER**

Boca Raton Medical Plaza
1050 N.W. 15th Street, Suite 208A
Boca Raton, Florida 33486
561-368-9776

Nancy Pankhurst
Research Coordinator
561-361-6547

October 30, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: RASF Clinical Research, Inc
Document #: P99000029897

To Whom it May Concern:

Enclosed please find our check for \$300.00. This check includes \$150.00 fee for 2001 and 2002. Please be advised that we did not receive anything in the mail to renew our corporation. When I last filed a report (copy attached) I notified you of our new address. We have not been at the 880 NW 13th Street address in 3 years. Our mail forwarding expired after 6 months. Please change the address of our corporation in your computer.

If you have any questions please contact me.

Sincerely yours,

Leslie Smiciklas
Administrator
561-368-2125