


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90034 006 ***150.00

DOCUMENT # P99000029897 1. Entity Name RASF CLINICAL RESEARCH, INC.					
Principal Place of Business 1050 NW 15TH STREET 208A BOCA RATON, FL 33486		Mailing Address 1050 NW 15TH STREET 208A BOCA RATON, FL 33486			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0920331	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMICKLAS, LESLIE 22512 SWORDFISH DRIVE BOCA RATON, FL 33428			7. Name and Address of New Registered Agent Name Annette Tarquinio Street Address (P.O. Box Number is Not Acceptable) 11053 NW 46th Drive City Coral Springs FL Zip Code 33076		
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 Annette Tarquinio Administrator 1/17/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARDON, IRA 1050 NW 15TH STREET BOCA RATON, FL 33486 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORSTOT, JOSEPH Z 1050 NW 15TH STREET BOCA RATON, FL 33486 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BACA, SHAWN 1050 NW 15TH STREET BOCA RATON, FL 33486 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALBOUKREK, DAVID 1050 NW 15TH STREET BOCA RATON, FL 33486 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 empowered.					
SIGNATURE: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/17/05 <small>Date</small>		

40011745



01142005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0920331

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

SMICKLAS, LESLIE
22512 SWORDFISH DRIVE
BOCA RATON, FL 33428

Name **Annette Tarquinio**
Street Address (P.O. Box Number is Not Acceptable)
11053 NW 46th Drive
City **Coral Springs** **FL** Zip Code **33076**

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 **Annette Tarquinio Administrator 1/17/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
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CITY-ST-ZIP
D
PARDON, IRA
1050 NW 15TH STREET
BOCA RATON, FL 33486 ☐ Delete

TITLE
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STREET ADDRESS
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FORSTOT, JOSEPH Z
1050 NW 15TH STREET
BOCA RATON, FL 33486 ☐ Delete

TITLE
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STREET ADDRESS
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BACA, SHAWN
1050 NW 15TH STREET
BOCA RATON, FL 33486 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ALBOUKREK, DAVID
1050 NW 15TH STREET
BOCA RATON, FL 33486 ☐ Delete

TITLE
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STREET ADDRESS
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☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/05
Date
Daytime Phone #