

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000029897

1. Entity Name
RASCL 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



01052006 No Chg-P CR2E034 (11/05)

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

TARQUINO, ANNETTE
11053 NORTHWEST 46TH DRIVE
CORAL SPRINGS, FL 33076

**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 Annette Tarquino Annette Tarquino 1/25/06
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, 2006 Fee will be \$550.00**

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

000000402835

1127037116-80028-001 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME PARDO, IRA
STREET ADDRESS 1050 NW 15TH STREET
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE V
NAME FORSTOT, JOSEPH Z
STREET ADDRESS 1050 NW 15TH STREET
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE T
NAME BACA, SHAWN
STREET ADDRESS 1050 NW 15TH STREET
CITY-ST-ZIP BOCA RATON, FL 33486

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

David Alboukrek 1/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #