

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033213

1. Entity Name

INNOVATIVE CLINICAL SOLUTIONS, INC.

R

FILED
Jul 18, 2000 8:00 am
Secretary of State

05-11-2000 90144 001 ***300.00

Principal Place of Business

Mailing Address

2765 NE 24TH ST
LIGHTHOUSE POINT FL 33064

2765 NE 24TH ST
LIGHTHOUSE POINT FL 33064-8303

2. Principal Place of Business

3. Mailing Address

2 Miles NE 25th St.
Suite, Apt. #, etc.

7051 50007 same
Suite, Apt. #, etc.

City & State
Lighthouse Pt FL

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33064

Country

Broward

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, ADRIAN P
2600 NE 14TH ST CAUSEWAY
POMPANO BEACH FL 33062

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

City 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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Mark L. Brady MD
2765 NE 25th St.
Lighthouse Pt FL 33064

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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

Mark Brady MD

4/28/00

561-341-8461

Date

Daytime Phone #