2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# P99000051664

Entity Name: CLINICAL RESEARCH INSTITUTE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2845 AVENTURA BLVD
#246
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

C/O SOUTH BROWARD ACCT SRVC
1152 N UNIVERSITY DR STE 202
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-0929452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDSMITH, CHARLES L
2845 AVENTURA BLVD #246
AVENTURA, FL 33180

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GOLDSMITH, CHARLES L
Address: 2845 AVENTURA BLVD #246
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES L GOLDSMITH MD PRES 05/03/2004

Electronic Signature of Signing Officer or Director Date