

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000059788

FILED
Mar 11, 2009
Secretary of State

Entity Name: WILKER-POWERS CENTER FOR CLINICAL STUDIES, INC.

Current Principal Place of Business:

3100 17TH ST.
ST. CLOUD, FL 34769

New Principal Place of Business:

3104 17TH ST.
ST. CLOUD, FL 34769

Current Mailing Address:

3100 17TH ST.
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 59-3583863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKER, JOHN F
2616 FLORENCE DR.
KISSIMMEE, FL 34744 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILKER, JOHN F
Address: 2616 FLORENCE DR.
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: THORNE, DAVID P
Address: 1561 GRANDVIEW BLVD
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: POWERS, CHARLES K JR.
Address: 2335 NEPTUNE RD.
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: BAUR, CHRISTOPHER
Address: 6755 OLD MELBOURNE HWY
City-St-Zip: SAINT CLOUD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 POWERS JR.

DR

03/11/2009

Electronic Signature of Signing Officer or Director

_____ Date