

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 10:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S19542 (7)

1. Corporation Name
CLINICAL STUDIES OF SOUTH FLORIDA, INC.

Principal Place of Business 5419 NE 31 AVE P.O. BOX 11819 FT LAUDERDALE FL 33391	Mailing Address 5419 NE 31 AVE P.O. BOX 11819 FT LAUDERDALE FL 33391
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/19/1990	3a. Date of Last Report 03/23/1994
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2. Principal Place of Business 21 4896 N.E. 20th Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 4896 N.E. 20th Ave. Suite, Apt. #, etc.	4. FEI Number 65-0234635	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State Fort Lauderdale, FL	28 City & State Fort Lauderdale, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 33308	25 Country	29 Zip 33308	30 Country
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KOTLER, ANTA PAOLI, ESQ., PAOLI & PAOLI 1720 HARRISON ST., SUITE 6-C HOLLYWOOD FL 33020	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOTLER, JON ALLEN	1.2 NAME	1.2 NAME	
STREET ADDRESS 5419 NE 31 AVE	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY - ST - ZIP FT LAUDERDALE FL	1.4 CITY - ST - ZIP	1.4 CITY - ST - ZIP	
TITLE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2.2 NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY - ST - ZIP	2.4 CITY - ST - ZIP	2.4 CITY - ST - ZIP	
TITLE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY - ST - ZIP	3.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP	
TITLE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY - ST - ZIP	4.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP	
TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY - ST - ZIP	5.4 CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY - ST - ZIP	6.4 CITY - ST - ZIP	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (I checked) or in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type in Block #)