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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S19542 (7)

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

Principal Place of Business
4896 NE 20TH AVE
FT LAUDERDALE FL 33308
US

Mailing Address
4896 NE 20TH AVE
FT LAUDERDALE FL 33308-4514
US



2. Principal Place of Business
21 9980 Central Park Blvd
Suite, Apt. #, etc.
22 222
City & State
23 Boca Raton, FL 33428
Zip Country
24 33339 25 USA
26a. Mailing Address
26 P.O. Box 11697
Suite, Apt. #, etc.
27
City & State
28 Fort Lauderdale, FL
Zip Country
29 33339 30 USA

3. Date Incorporated or Qualified
12/19/1990
3a. Date of Last Report
02/07/1996
4. FEI Number
65-0234635
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
KOTLER, ANITA PAOLI ESQ., PAOLI & PAOLI
1720 HARRISON ST., SUITE 8-C
HOLLYWOOD FL 33020

81 Name
ANITA PAOLI KOTLER, ROMANIK LAVIN HUSS &
82 Street Address (P.O. Box Number is Not Acceptable) PAOLI
1901 Harrison Street
83
84 City
Hollywood FL 85 Zip Code
33020

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

Anita Paoli Kotler

3/3/97

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
KOTLER, JON ALLEN
5419 NE 31 AVE
FT LAUDERDALE FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PD
KOTLER, JON ALLEN
9980 Central Park Blvd. #222
Boca Raton, FL 33428
2.1 TITLE STD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
KOTLER, ANITA PAOLI
1901 Harrison Street
Hollywood, FL 33020
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: *Anita Paoli Kotler, Secretary of State*

954-922-4656 3/3/97

CR2E034 (9/96)