


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90257 038 \*\*\*150.00

<b>DOCUMENT # S19542</b>	
1. Entity Name <b>CLINICAL STUDIES OF SOUTH FLORIDA, INC.</b>	

Principal Place of Business <b>5458 TOWN CENTER ROAD SUITE 102 BOCA RATON, FL 33486 US</b>	Mailing Address <b>P.O. BOX 11697 FT LAUDERDALE, FL 33339 US</b>
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**50041913**



2. Principal Place of Business <b>5458 Town Center Road</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Suite # 103</b>	Suite, Apt. #, etc.
City & State <b>Boca Raton, FL</b>	City & State
Zip <b>33486</b>	Country <b>US</b>

04062005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0234635</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KOTLER, ANITA P 1720 HARRISON ST STE 60W HOLLYWOOD, FL 33020</b>	
7. Name and Address of New Registered Agent Name <b>PAOLI, ANITA ESP</b> Street Address (P.O. Box Number is Not Acceptable) <b>1720 Harrison St, Suite 6C-W</b> City <b>Hollywood</b> FL Zip Code <b>33020-6829</b>	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Anita Paoli, Esq.* DATE *4/18/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOTLER, JON ALLEN 9980 CENTRAL PARK BLVD, #222 BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOTLER, JON ALLEN 5458 Town Center Road Boca Raton, FL 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KOTLER, ANITA P 1720 HARRISON STREET, SUITE 6CW HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PAOLI, ANITA ESP 1720 Harrison St, Suite 6CW Hollywood, FL 33020-6829 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anita Paoli, Esq.* DATE *4/18/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR