

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90028 011 ***150.00

DOCUMENT # S19542

1. Entity Name

CLINICAL STUDIES OF SOUTH FLORIDA, INC.



Principal Place of Business

5458 TOWN CENTER ROAD
SUITE 103
BOCA RATON FL 33486
US

Mailing Address

P.O. BOX 11697
FT LAUDERDALE FL 33339
US

2. Principal Place of Business - No P.O. Box #

4725 N. Federal Hwy
Suite, Apt. #, etc. Jon Kotler
c/o Nuclear Medicine

3. Mailing Address

Suite, Apt. #, etc.

City & State

Port Lauderdale, FL

City & State

Zip

33308

Country

USA

Zip

Country

4. FEI Number

65-0234635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAOLI, ANITA
1720 HARRISON ST
8B
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33020-6848

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

Ante Park

Signature, typed or printed name of registered agent and the filer (if applicable).

(NOTE: Registered Agent signature required when re-registering)

3/5/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KOTLER, JON ALLEN
STREET ADDRESS 5458 TOWN CENTER ROAD
CITY-STATE-ZIP BOCA RATON FL 33486 ☐ Delete

TITLE STD
NAME PAOLI, ANITA
STREET ADDRESS 1720 HARRISON STREET, SUITE 6CW
CITY-STATE-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JON ALLEN KOTLER M.D.
STREET ADDRESS 21 Bay Colony Drive
CITY-STATE-ZIP Port Lauderdale, FL 33308-2001 ☒ Change ☐ Addition

TITLE STD
NAME ANITA PAOLI, ESQ.
STREET ADDRESS 1720 Harrison St, Suite 8B
CITY-STATE-ZIP Hollywood, FL 33020-6848 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/08

Date

(954) 924-8441

Daytime Phone #