

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 3:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V13965

(1)

1. Corporation Name

U S CLINICAL INC.

Principal Place of Business

**689 DOUGLAS AVE
SUITE 107
ALTAMONT SPRINGS FL 32714
US**

Mailing Address

**689 DOUGLAS AVE
SUITE 107
ALTAMONT SPRINGS FL 32714
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/14/1992

3a. Date of Last Report

04/15/1994

4. FEI Number

59-3107165

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BODKIN, DEBRA
689 DOUGLAS AVE
SUITE 107
ALTAMONT SPRINGS FL 32714**

81 Name

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

83

84 City

FL

85 Zip Code

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
LEGOWIK, JOHN T
725 MAHOGANY LANE
ALTAMONT SPRINGS FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**VD
LEGOWIK, JOHN T.
725 MAHOGANY LANE
ALTAMONT SPRINGS, FL 32714**
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
BODKIN, DEBRA
689 DOUGLAS SUITE 107
ALTAMONT SPRINGS FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**PD
BODKIN, DEBRA
689 DOUGLAS AVE, SUITE 107
ALTAMONT SPRINGS, FL 32714**
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
O'KELLY, JOSEPH
333 OAK ST
E. BRIDGEWATER MA**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
**STD
O'KELLY, JOSEPH
333 OAK ST
E. BRIDGEWATER, MA 02333**
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
PARKER, MICHAEL
102 CEDAR HEIGHTS
JAMESVILLE NY**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95

508-690-2291