

**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
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**DOCUMENT # V43116 (5)**

1. Corporation Name  
**CLINICAL DEVELOPMENT ASSOCIATES, INC.**

Principal Place of Business <b>4039 PRIORITY CIRCLE                  TAMPA FL 33624                  US</b>	Mailing Address <b>4039 PRIORITY CIRCLE                  TAMPA FL 33624                  US</b>
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**FILED**

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SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/10/1992</b>	3a. Date of Last Report <b>04/26/1994</b>
4. FEI Number <b>59-3130956</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DYCHES, A. FLETCHER  
 11300 4TH STREET, NORTH  
 STE. 200  
 ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name <b>Phillip N. ORPIN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4917 Ehrlich Rd Suite 202</b>
83
84 City <b>TAMPA</b>
85 Zip Code <b>FL 33624</b>

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: Phillip N. Orpin 7/19/95  
Signature of individual or registered agent and the fee (if applicable) NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE <b>VD</b>	NAME <b>GESSNER, GEORGE</b>
STREET ADDRESS <b>4039 PRIORITY CIRCLE</b>	CITY - ST - ZIP <b>TAMPA FL</b>
TITLE <b>RD</b>	NAME <b>CARLSON, JAMES D.</b>
STREET ADDRESS <b>2815 N. UNIVERSITY DR</b>	CITY - ST - ZIP <b>FARGO ND</b>
TITLE <b>Phillip N. OR</b>	NAME <b>Phillip N. OR</b>
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <b>PRES, TREAS, DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE <b>VICE PRESIDENT SEC. DIR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME <b>LYNNE GESSNER</b>	
23 STREET ADDRESS <b>4039 PRIORITY CIRCLE</b>	
24 CITY - ST - ZIP <b>TAMPA, FL 33624</b>	
31 TITLE <b>ASSISTANT TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME <b>Phillip N. ORPIN</b>	
33 STREET ADDRESS <b>4917 Ehrlich Rd #202</b>	
34 CITY - ST - ZIP <b>TAMPA, FL 33624</b>	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: Phillip N. Orpin **ASST. TREAS** 6/16/95 813-264-7775  
Signature and typed or printed name of signing officer or director Date