

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005343

FILED
Apr 21, 2009
Secretary of State

Entity Name: RESEARCH PHARMACEUTICAL SEARCH, INC.

Current Principal Place of Business:

520 VIRGINIA DRIVE
FT. WASHINGTON, PA 19034

New Principal Place of Business:

Current Mailing Address:

520 VIRGINIA DRIVE
FT. WASHINGTON, PA 19034

New Mailing Address:

FEI Number: 23-2735793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: PERLMAN, DANIEL
Address: 520 VIRGINIA DRIVE
City-St-Zip: FT. WASHINGTON, PA 19034

Title: VCFO () Delete
Name: BELL, STEVEN
Address: 520 VIRGINIA DRIVE
City-St-Zip: FT. WASHINGTON, PA 19034

Title: PRES () Delete
Name: KOFFER, HARRIS
Address: 520 VIRGINIA DRIVE
City-St-Zip: FT. WASHINGTON, PA 19034

Title: D () Delete
Name: STONEFIELD, STEPHEN E
Address: 520 VIRGINIA DRIVE
City-St-Zip: FT. WASHINGTON, PA 19034

Title: D () Delete
Name: RAYNOR, DANIEL
Address: 60 MADISON AVE. SOUTH, SUITE 701
City-St-Zip: NEW YORK, NY 10010

Title: D (X) Delete
Name: REISLEY, ROBERT
Address: 225 SOUTH 25TH STREET
City-St-Zip: PHILADELPHIA, PA 19103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE BELL

CFO

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date