



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

03-21-2005 90126 008 \*\*\*150.00

DOCUMENT # F03000005134			
1. Entity Name ICON CLINICAL RESEARCH, INC.			
Principal Place of Business 212 CHURCH ROAD NORTH WALES, PA 19454		Mailing Address 3111 W. MARTIN LUTHER KING BLVD. TAMPA, FL 33607-6233	
2. Principal Place of Business 3111 W. MARTIN LUTHER KING BLVD		3. Mailing Address 212 CHURCH ROAD	
Suite, Apt. #, etc. SUITE 375		Suite, Apt. #, etc. PO BOX 212	
City & State TAMPA, FL		City & State NORTH WALES, PA	
Zip 33607-6233	Country USA	Zip 19454	Country USA
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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 _____		DATE _____	
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</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC TAAFE, WILLIAM 320 SEVEN SPRINGS WAY STE 500 BRENTWOOD, TN 37027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD PETERS, DAVID 212 CHURCH ROAD NORTH WALES, PA 19454 <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	D CLIMAX, JOHN DR. SOUTH COUNTY BUSINESS PARK/LEOPARDSTOWN DUBLIN 18, IRELAND, <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	D LAMBE, RONAN DR. SOUTH COUNTY BUSINESS PARK/LEOPARDSTOWN DUBLIN 18, IRELAND, <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	COO HUBBARD, JOHN 212 CHURCH RD. NORTH WALES, PA 19454 <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	AS WEISS, MEGHAN 212 CHURCH RD. NORTH WALES, PA 19454 <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: 		Date: 1/26/05 (205) 616 7111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50029770



01252005 Chg-P CR2E034 (10/03)

4. FEI Number  
23-2689156 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required