

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005134

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: ICON CLINICAL RESEARCH, INC.

## Current Principal Place of Business:

3111 W MARTIN LUTHER KING BLVD STE 375  
TAMPA, FL 336076233

## New Principal Place of Business:

## Current Mailing Address:

212 CHURCH RD  
NORTH WALES, PA 19454

## New Mailing Address:

FEI Number: 23-2689156      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: COO ( ) Delete  
Name: BURGESS, MALCOLM  
Address: 212 CHURCH RD  
City-St-Zip: NORTH WALES, PA 19454

Title: VTSD ( ) Delete  
Name: PETERS, DAVID  
Address: 212 CHURCH ROAD  
City-St-Zip: NORTH WALES, PA 19454

Title: D ( ) Delete  
Name: CLIMAX, JOHN DR.  
Address: SOUTH COUNTY BUSINESS PARK/LEOPARDSTOWN  
City-St-Zip: DUBLIN 18, IRELAND,

Title: D ( ) Delete  
Name: LAMBE, RONAN DR.  
Address: SOUTH COUNTY BUSINESS PARK/LEOPARDSTOWN  
City-St-Zip: DUBLIN 18, IRELAND,

Title: P ( ) Delete  
Name: HUBBARD, JOHN  
Address: 212 CHURCH RD.  
City-St-Zip: NORTH WALES, PA 19454

Title: AS ( ) Delete  
Name: WEISS, MEGHAN  
Address: 212 CHURCH RD.  
City-St-Zip: NORTH WALES, PA 19454

## 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:

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

Title: ( ) Change ( ) Addition  
Name:  
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: DAVID PETERS

Electronic Signature of Signing Officer or Director

VTSD

04/27/2007

\_\_\_\_\_ Date