

F13000003133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

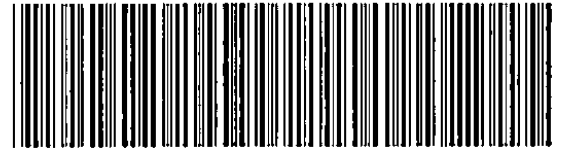
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



100335879561

100335879561  
10/17/19--01004--014 \*\*8

19 OCT 17 4:13:48

OCT 18 2019  
S. YOUNG

19 OCT 17 11:00:00  
11:00:00

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

---

**WALK IN**

**PICK UP:** 10/16/2019

- CERTIFIED COPY** \_\_\_\_\_
- PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- FILING** AMENDMENT \_\_\_\_\_

1. **CLINICAL RESEARCH ADVANTAGE, INC.**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CLINICAL RESEARCH ADVANTAGE, INC.  
\_\_\_\_\_

Name of Corporation

**DOCUMENT NUMBER:** F13000003133  
\_\_\_\_\_

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT KOS  
\_\_\_\_\_

Name of Contact Person

Registered Agent Solutions, Inc.  
\_\_\_\_\_

Firm/Company

1701 Director's Blvd Suite 300  
\_\_\_\_\_

Address

Austin TX 78744  
\_\_\_\_\_

City/State and Zip Code

orders@rasi.com  
\_\_\_\_\_

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee &  
Certificate of Status

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

19 OCT 17 11 AM  
RECEIVED  
CORPORATION DIVISION

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F13000003133

(Document number of corporation (if known))

1. CLINICAL RESEARCH ADVANTAGE, INC.  
(Name of corporation as it appears on the records of the Department of State)

2. ARIZONA (Incorporated under laws of) 3. 07/22/2013 (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. SYNEXUS CLINICAL RESEARCH US, INC.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other person having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court-appointed fiduciary, by that fiduciary)

Roger Smith  
\_\_\_\_\_  
(Typed or printed name of person signing)

President  
\_\_\_\_\_  
(Title of person signing)

# STATE OF ARIZONA



Office of the  
**CORPORATION COMMISSION**

## CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

**SYNEXUS CLINICAL RESEARCH US, INC.**

ACC file number: 10376283

was incorporated under the laws of the State of Arizona on 01/01/1992;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of Arizona Corporation Commission, and issued this Certificate on this date: 10/16/2



A handwritten signature in black ink that reads "Matthew Neubert".

Matthew Neubert, Executive Director