2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2007 08:00 Al Secretary of State

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1. Entity Name

ALLIANCE CLINICAL RESEARCH, INC.



US

Principal Place of Business

Mailing Address

1404 S. BURGANDY TRAIL JACKSONVILLE, FL 32259 1404 S. BURGANDY TRAIL JACKSONVILLE, FL 32259



DO NOT WRITE IN THIS SPACE

SIGNATURE: Frank Said Sandict for Frank David Benedict Jr (President) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04012007 No Chg-P		CR2E034 (11/05)				
4. FEI Number			Applied For			
02-061276	7		Not Applicable			
5 Contificate of St	atus Desired		\$8.75 Additional			

6. Name and Address of Current Registered Agent

BENEDICT, FRANK DAVID JR 1404 S. BURGANDY TRAIL JACKSONVILLE, FL 32259

DO NOT WRITE IN THIS SPACE

4-2-07

(904) 534-3104

5. Certificate of Status Desired

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							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00 Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENEDICT, FRANK D JR 1404 S. BURGANDY TRAIL JACKSONVILLE, FL 32259				U00000689499 04/11/07-80037-014 150.00		
TITLE NAME STREE1 ADDRESS CITY-ST-ZIP	V BENEDICT, LISA A 1404 S. BURGANDY TRAIL JACKSONVILLE, FL 32259				5 // 11/ 51 5555 / 514 15 5. 55		
TITLE NAME STREET ADDRESS CHY-SI-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ¹	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-S1-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.							