2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# P04000087333

Entity Name: SOUTH FLORIDA CLINICAL RESEARCH CENTER, INC.

Current Principal Place of Business:

320 S FLAMINGO RD STE 354
PEMBROKE PINES, FL 33027

New Principal Place of Business:

601 N. FLAMINGO ROAD #203
PEMBROKE PINES, FL 33028

Current Mailing Address:

1875 CENTURY PARK EAST
SUITE 2060
LOS ANGELES, CA 90067

New Mailing Address:

FEI Number: 20-1228891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 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: D ( ) Delete
Name: JAYSON, MAURY
Address: 320 S FLAMINGO RD STE 354
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: JAYSON, MAURY
Address: 601 N. FLAMINGO ROAD #203
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the 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: MAURY JAYSON D 01/12/2006

Electronic Signature of Signing Officer or Director — Date