

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000080122

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: ALBA CLINICAL RESEARCH, INC.

## Current Principal Place of Business:

1433 S FT HARRISON  
STE G  
CLEARWATER, FL 33756

## New Principal Place of Business:

1433 S FT HARRISON  
STE A  
CLEARWATER, FL 33756

## Current Mailing Address:

1433 S FT HARRISON  
STE G  
CLEARWATER, FL 33756

## New Mailing Address:

1433 S FT HARRISON  
STE A  
CLEARWATER, FL 33756

FEI Number: 84-1719144

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLER, MARY E  
1433 S FT HARRISON  
STE G  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

MILLER, MARY E  
1433 S FT HARRISON  
STE A  
CLEARWATER, FL 33756 US

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: \_\_\_\_\_

02/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MILLER, MARY E  
Address: 1433 S FT HARRISON SUITE G  
City-St-Zip: CLEARWATER, FL 33756

Title: TREA ( ) Delete  
Name: MILLER, KEITH A  
Address: 1433 S FT HARRISON SUITE G  
City-St-Zip: CLEARWATER, FL 33756

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MILLER, MARY E  
Address: 1433 S FT HARRISON SUITE A  
City-St-Zip: CLEARWATER, FL 33756

Title: TREA (X) Change ( ) Addition  
Name: MILLER, KEITH A  
Address: 1433 S FT HARRISON SUITE A  
City-St-Zip: CLEARWATER, FL 33756

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: MARY E MILLER

CEO

02/09/2009

Electronic Signature of Signing Officer or Director

Date