

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000036215

FILED
Jan 26, 2009
Secretary of State

Entity Name: CLINICAL RESEARCH SERVICES, INC.

Current Principal Place of Business:

8838 INDIAN RIVER RUN
BOYNTON BEACH, FL 33472

New Principal Place of Business:

Current Mailing Address:

8838 INDIAN RIVER RUN
BOYNTON BEACH, FL 33472 US

New Mailing Address:

FEI Number: 65-0489835 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARG, DYAL C
8838 INDIAN RIVER RUN
BOYNTON BEACH, FL 33472 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: P () Delete
Name: GARG, DYAL C
Address: 8838 INDIAN RIVER RUN
City-St-Zip: BOYNTON BEACH, FL 33472

Title: D () Delete
Name: GARG, USHA R
Address: 8838 INDIAN RIVER RUN
City-St-Zip: BOYNTON BEACH, FL 33472 US

Title: D () Delete
Name: GARG, AMEE
Address: 8838 INDIAN RIVER RUN
City-St-Zip: BOYNTON BEACH, FL 33472 US

Title: D () Delete
Name: GARG, SHELLY
Address: 8838 INDIAN RIVER RUN
City-St-Zip: BOYNTON BEACH, FL 33472 US

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:

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: DYAL C GARG

_____ Electronic Signature of Signing Officer or Director

MR.

01/26/2009

_____ Date