SIGNATURE: BONNIE SEGAL

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

VICE PRESIDENT

I hereby 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

03/09/2015

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072486

Entity Name: SCIENTIFIC CLINICAL RESEARCH, INC.

Current Principal Place of Business:

1065 NE 125TH STREET SUITE 417 MIAMI, FL 33161

Current Mailing Address:

1065 N.E. 125TH STREET SUITE 417 NORTH MIAMI, FL 33161 US

FEI Number: 77-0603567

Name and Address of Current Registered Agent:

SEGAL, BONNIE 1065 N.E. 125TH STREET SUITE 417 NORTH MIAMI, FL 33161 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Ρ	Title	VP
Name	SEGAL, SCOTT	Name	SEGAL, BONNIE
Address	1065 N.E. 125TH STREET SUITE 417	Address	1065 N.E. 125TH STREET SUITE 417
City-State-Zip:	NORTH MIAMI FL 33161	City-State-Zip:	NORTH MIAMI FL 33161

Certificate of Status Desired: No

FILED Mar 09, 2015 Secretary of State CC3983632376

Date

Date