

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000145593

**Entity Name:** GLOBAL CLINICAL RESEARCH MANAGEMENT, INC.

**Current Principal Place of Business:**

2699 LEE RD.  
SUITE 304  
WINTER PARK, FL 32789

**Current Mailing Address:**

2699 LEE RD.  
SUITE 304  
WINTER PARK, FL 32789 US

**FEI Number:** 20-5917367

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DORISCA, TONYA T  
424 E CENTRAL BLVD  
336  
ORLANDO, FL 32801 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name NOTARO, MARTHA  
Address 4040 LIVE OAK RESERVE BLVD.  
City-State-Zip: OVIEDO FL 32766

Title VP  
Name DORISCA, TONYA T  
Address 6137 MISSON DR.  
City-State-Zip: ORLANDO FL 32810

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

**SIGNATURE:** TONYA DORISCA

VP

01/12/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date