

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000085212

**FILED**  
**Jan 16, 2020**  
**Secretary of State**  
**1770129324CC**

**Entity Name:** CLINICAL RESEARCH BILLING, INC.

**Current Principal Place of Business:**

7074 MICHIGAN ISLE ROAD  
LAKE WORTH, FL 33467

**Current Mailing Address:**

7074 MICHIGAN ISLE ROAD  
LAKE WORTH, FL 33467 US

**FEI Number:** 47-5339724

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD  
SUITE 36  
ORLANDO, FL 32822 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 PSD  
Name ETCHBERGER, KRISTI  
Address 7074 MICHIGAN ISLE ROAD  
City-State-Zip: LAKE WORTH FL 33467

Title VP  
Name GIALLOMBARDO, MARYANN  
Address 39 TORTUGA  
City-State-Zip: LAKE WORTH FL

Title VP  
Name HILL, STEVEN  
Address 28 RIVERFERRY WAY  
City-State-Zip: ROCHESTER NY 14608

*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:** KRISTI K ETCHBERGER

**PRESIDENT**

**01/16/2020**

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

\_\_\_\_\_  
Date