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Secretary of State

05-03-2005 90090 050 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000000903

1. Entity Name
CLINICAL RESULTS, INC.

66023703

04222005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
5900 CENTRAL AVE. SUITE K SAINT PETERSBURG, FL 33707	5900 CENTRAL AVE. SUITE K SAINT PETERSBURG, FL 33707
2. Principal Place of Business: Clinical Results, Inc.	3. Mailing Address: 4400 34th Street North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: St. Petersburg FL
Zip / Country	Zip 33714 / Country

4. FEI Number: 94-3379635 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REITZ, R. DOUGLAS 5900 CENTRAL AVE. SUITE K SAINT PETERSBURG, FL 33707	Name: Scott Orsini Street Address (P.O. Box Not Acceptable): 5340 Central Ave City: St. Petersburg FL Zip Code 33707

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: R. Douglas Reitz — R. Douglas Reitz — April 27, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POLLOCK, DAVID 5900 AVENUE STE K ST PETERSBURG, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Clinical Results, Inc. 4400 34th Street North St. Petersburg, FL. 33714 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REITZ, DOUGLAS 5900 CENTRAL AVE., STE K SAINT PETERSBURG, FL 33707 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. Douglas Reitz — R. Douglas Reitz — April 27, 2005 — 727-344-1960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #