

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90184 043 \*\*\*150.00

<b>DOCUMENT # F03000005134</b>																													
<b>1. Entity Name</b> ICON CLINICAL RESEARCH, INC.																													
<b>Principal Place of Business</b> 3111 W MARTIN LUTHER KING BLVD STE 375 TAMPA, FL 33607-6233			<b>Mailing Address</b> 212 CHURCH ROAD <del>PO BOX 212</del> NORTH WALES, PA 19454																										
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 212 CHURCH ROAD																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State NORTH WALES, PA		<b>4. FEI Number</b> 23-2689156																									
Zip		Country		Zip 19454																									
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																										
<b>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.</b>																													
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																										
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<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">COO</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BURGESS, MALCOLM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>212 CHURCH ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH WALES, PA 19454</td> <td></td> </tr> </table>						TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	BURGESS, MALCOLM		STREET ADDRESS	212 CHURCH ROAD		CITY-ST-ZIP	NORTH WALES, PA 19454													
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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</b>																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>SIGNATURE:</b> _____  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 35%;">                 Date: 4/19/06                  Daytime Phone #: (215) 616 3111             </div> </div>																													