2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005134

Entity Name: ICON CLINICAL RESEARCH, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3111 W MARTIN LUTHER KING BLVD STE 375 TAMPA, FL 336076233				3111 W MARTIN LUTHER KING BLVD SUITE 375 TAMPA, FL 336076233 US			
Current Mailing Address:				New Mailing Address:			
212 CHURCH RD NORTH WALES, PA 19454				212 CHURCH RD NORTH WALES, PA 194544140 US			
FEI Number: 23-2689156 FEI Number Applied For () FEI Number				mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	COO () E BURGESS, MALO 212 CHURCH RE NORTH WALES,)	Title: Name: Addres City-S	ss:	BURGESS, MA 212 CHURCH F		
Title: Name: Address: City-St-Zip:	VTSD () E PETERS, DAVID 212 CHURCH RO NORTH WALES,		Title: Name: Addres City-S	ss:	PETERS, DAVI 212 CHURCH F		
Title: Name: Address: City-St-Zip:	CLIMAX, JOHN I	BUSINESS PARK/LEOPARDSTOWN	Title: Name: Addres City-S	ss:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	LAMBE, RONAN	BUSINESS PARK/LEOPARDSTOWN	Title: Name: Addres City-S	ss:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	P () E HUBBARD, JOHN 212 CHURCH RE NORTH WALES,).	Title: Name: Addres City-S	ss:	HUBBARD, JOH 212 CHURCH F		
Title: Name: Address:	AS () E WEISS, MEGHAN 212 CHURCH RE		Title: Name: Addres		SA (X) WEISS, MEGH, 212 CHURCH F		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

NORTH WALES, PA 194544140 US

SIGNATURE: CHRIS JANOSKI DT 04/29/2008

City-St-Zip: NORTH WALES, PA 19454