

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90056 015 ***150.00

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03212005 Chg-P CR2E034 (10/03)

4. FEI Number **54-2091294** Applied For ☐ Not Applicable ☐

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

DOCUMENT # F03000005599

1. Entity Name
CLINICAL DATA SALES & SERVICE, INC.



Principal Place of Business
**ONE GATEWAY CENTER, SUITE 411
NEWTON, MA 02458**

Mailing Address
**ONE GATEWAY CENTER, SUITE 411
NEWTON, MA 02458**

2. Principal Place of Business
2 Thurber Boulevard
Suite, Apt. #, etc.

3. Mailing Address
2 Thurber Blvd
Suite, Apt. #, etc.

City & State
Smithfield, RI
Zip **02917** Country

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Smithfield, RI
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6. Name and Address of Current Registered Agent

**FLORIDA FILING & SEARCH SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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

TITLE **PCD** ☐ Delete
NAME **STEIN, ISRAEL**
STREET ADDRESS **ONE GATEWAY CENTER, SUITE 411**
CITY-ST-ZIP **NEWTON, MA 02458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/O** ☒ Change ☐ Addition
NAME **Israel M. Stein**
STREET ADDRESS **2 Thurber Blvd.**
CITY-ST-ZIP **Smithfield, RI 02917**

TITLE **D** ☐ Change ☒ Addition
NAME **Randal J. Kirk**
STREET ADDRESS **2 Thurber Blvd.**
CITY-ST-ZIP **Smithfield, RI 02917**

TITLE **T** ☐ Change ☒ Addition
NAME **Mark D. Shooman**
STREET ADDRESS **2 Thurber Blvd.**
CITY-ST-ZIP **Smithfield, RI 02917**

TITLE **S** ☐ Change ☒ Addition
NAME **Caesar J. Beibel**
STREET ADDRESS **2 Thurber Blvd.**
CITY-ST-ZIP **Smithfield, RI 02917**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Caesar J. Beibel **Caesar J. Beibel** 5/31/05 (401) 233-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #