
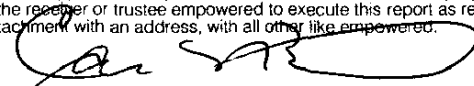


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90359 050 ***150.00

DOCUMENT # F03000005599 1. Entity Name CLINICAL DATA SALES & SERVICE, INC.					
Principal Place of Business 2 THURBER BLVD SMITHFIELD, RI 02917			Mailing Address 2 THURBER BLVD SMITHFIELD, RI 02917		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 54-2091294	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEIN, ISRAEL 2 THURBER RD SMITHFIELD, RI 02917	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Same Same Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRK, RANDAL J 2 THURBER RD SMITHFIELD, RI 02917	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHOOMAN, MARK D 2 THURBER RD SMITHFIELD, RI 02917	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEIBEL, CAESAR J 2 THURBER RD SMITHFIELD, RI 02917	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Caesar J. BELBEL same same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Garth Gardner 2 Thurber Blvd Smithfield RI 02917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

40073002



04192006 Chg-P CR2E034 (11/05)

Clinical Data

2 Thurber Boulevard
Smithfield, RI 02917
T (401) 233-6400 F (401) 233-6480

ATTACHMENT

40073661
F03000005599

April 24, 2006

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: Clinical Data Sales & Service, Inc., EIN 54-2091294 –
For Profit Corporation Annual Report

Dear Sir or Madame:

In accordance with Florida Statutes, I respectfully submit herewith for filing the duly executed 2006 For Profit Corporation Annual Report for Clinical Data Sales & Service, Inc. together with a check in the amount of \$150.00 for the applicable filing fee.

Please do not hesitate to contact the undersigned by telephone at (401) 233-6407, or by email at cbelbel@clda.com, if you have any questions or comments.

Very truly yours,
CLINICAL DATA SALES & SERVICE, INC.



Caesar J. Belbel
Vice President and General Counsel

Encl.

cc: Barbara J. Saunders
Financial and Tax Reporting Manager