

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90007 042 ***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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

54-2091294

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301**

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

N/A

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	D STEIN, ISRAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2 THURBER RD	
CITY-ST-ZIP	SMITHFIELD, RI 02917	
TITLE NAME	D KIRK, RANDAL J	<input type="checkbox"/> Delete
STREET ADDRESS	2 THURBER RD	
CITY-ST-ZIP	SMITHFIELD, RI 02917	
TITLE NAME	T SHOUMAN, MARK D	<input type="checkbox"/> Delete
STREET ADDRESS	2 THURBER RD	
CITY-ST-ZIP	SMITHFIELD, RI 02917	
TITLE NAME	S BELBEL, CAESAR J	<input type="checkbox"/> Delete
STREET ADDRESS	2 THURBER RD	
CITY-ST-ZIP	SMITHFIELD, RI 02917	
TITLE NAME	P GARDNER, GARTH	<input type="checkbox"/> Delete
STREET ADDRESS	2 THURBER BLVD	
CITY-ST-ZIP	SMITHFIELD, RI 02917	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	-same- C. Evan Ballantyne	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	-same-	
CITY-ST-ZIP	-same-	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	-Same- Andrew J. Frankin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	-Same-	
CITY-ST-ZIP	-Same-	
TITLE NAME	D Andrew J. Frankin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2 Thueber Rd	
CITY-ST-ZIP	Smithfield, RI 02917	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07

617.527.9933

Date

Daytime Phone