## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000000134

MARCH, THOMAS R

COVINGTON, KY 41011

100 E RIVERCENTER BLVD STE 1600

() Delete

Name:

Title:

Address:

City-St-Zip:

Entity Name: CLINIMETRICS RESEACH ASSOCIATES, INC.

FILED Apr 25, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 100 E. RIVERCENTER BLVD **SUITE 1600** COVINGTON, KY 41011 **Current Mailing Address: New Mailing Address:** 100 E. RIVERCENTER BLVD **SUITE 1600** COVINGTON, KY 41011 FEI Number: 77-0272046 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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: ( ) Delete Title: (X) Change ( ) Addition ROBBINS, REGIS T Name: Name: ROBBINS, REGIS T 100 E RIVERCENTER BLVD STE 1600 100 E RIVERCENTER BLVD STE 1600 Address: Address: City-St-Zip: COVINGTON, KY 41011 City-St-Zip: COVINGTON, KY 41011 VCT Title: (X) Change ( ) Addition Title: () Delete ABBOTTS, BRADLEY S Name: ABBOTTS, BRADLEY S Name: 100 E RIVERCENTER BLVD STE 1600 100 E RIVERCENTER BLVD STE 1600 Address: Address: COVINGTON, KY 41011 COVINGTON, KY 41011 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition DST ( ) Delete DAT

Name:ZARO, BRAD AName:ZARO, BRAD AAddress:5285 HELLYER AVEAddress:100 E. RIVERCENTER BLVD, STE 1600City-St-Zip:SAN JOSE, CA 95138City-St-Zip:COVINGTON, KY 41011

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.

Name:

Title:

Address:

City-St-Zip:

MARCH, THOMAS R

COVINGTON, KY 41011

100 E RIVERCENTER BLVD STE 1600

(X) Change ( ) Addition

SIGNATURE: REGIS T. ROBBINS S 04/25/2008