

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000134

FILED  
Apr 16, 2010  
Secretary of State

**Entity Name:** CLINIMETRICS RESEARCH ASSOCIATES, INC.

**Current Principal Place of Business:**

100 E. RIVERCENTER BLVD  
SUITE 1600  
COVINGTON, KY 41011

**New Principal Place of Business:**

**Current Mailing Address:**

100 E. RIVERCENTER BLVD  
SUITE 1600  
COVINGTON, KY 41011

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:**

Title: DS  
Name: ROBBINS, REGIS T  
Address: 100 E RIVERCENTER BLVD STE 1600  
City-St-Zip: COVINGTON, KY 41011

Title: DT  
Name: ABBOTTS, BRADLEY S  
Address: 100 E RIVERCENTER BLVD STE 1600  
City-St-Zip: COVINGTON, KY 41011

Title: DAT  
Name: MARCH, THOMAS R  
Address: 100 E RIVERCENTER BLVD STE 1600  
City-St-Zip: COVINGTON, KY 41011

Title: P  
Name: SMITH, MATTHEW  
Address: 100 E. RIVERCENTER BLVD, STE 1600  
City-St-Zip: COVINGTON, KY 41011

I hereby 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 all other like empowered.

SIGNATURE: REGIS ROBBINS

DS

04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date