2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001788

Apr 28, 2011 Secretary of State

Entity Name: WORLDWIDE CLINICAL TRIALS US, INC.

Current Principal Place of Business: New Principal Place of Business:

401 N. MAPLE DRIVE

BEVERLY HILLS, CA 90210 US

Current Mailing Address: New Mailing Address:

401 N. MAPLE DRIVE

BEVERLY HILLS, CA 90210 US

FEI Number: 26-1862092 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:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: DS

 Name:
 BUTLER, DAVID M

 Address:
 401 NORTH MAPLE DRIVE

 City-St-Zip:
 BEVERLY HILLS, CA 90210 US

Title: PDO

Name: CARTA, ANGELICO MD
Address: 401 NORTH MAPLE DRIVE
City-St-Zip: BEVERLY HILLS, CA 90210 US

Title: VP

Name: WARDLE, THOMAS D
Address: 401 NORTH MAPLE DRIVE
City-St-Zip: BEVERLY HILLS, CA 90210 US

Title: CFOO

 Name:
 TRUITT, EVERETT

 Address:
 401 NORTH MAPLE DRIVE

 City-St-Zip:
 BEVERLY HILLS, CA 90210 US

Title: C

Name: SIMMONS, SAMUEL Address: 401 N. MAPLE DRIVE

City-St-Zip: BEVERLY HILLS, CA 90210 US

Title: CEOD

Name: CUTLER, NEAL R
Address: 401 NORTH MAPLE DRIVE
City-St-Zip: BEVERLY HILLS, CA 90210

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: SAMUEL C. SIMMONS O 04/28/2011