

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002453

Entity Name: CLINICAL STUDIES, LTD. INC.

FILED
Jul 07, 2006
Secretary of State

Current Principal Place of Business:

21 BLOOMINGDALE ROAD
WHITE PLAINS, NY 10605 US

New Principal Place of Business:

Current Mailing Address:

21 BLOOMINGDALE ROAD
WHITE PLAINS, NY 10605 US

New Mailing Address:

FEI Number: 52-2022424

FEI Number Applied For ()

FEI Number Not Applicable ()

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: DOCHERTY, JOHN
Address: 21 BLOOMINGDALE ROAD
City-St-Zip: WHITE PLAINS, NY 10605 US

Title: SVPF () Delete
Name: BEAMER, THOMAS
Address: 21 BLOOMINGDALE ROAD
City-St-Zip: WHITE PLAINS, NY 10605 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: DOCHERTY, JOHN P MD
Address: 21 BLOOMINGDALE ROAD
City-St-Zip: WHITE PLAINS, NY 10605 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD () Change (X) Addition
Name: WAXMAN, ALBERT S PH.D.
Address: 21 BLOOMINGDALE ROAD
City-St-Zip: WHITE PLAINS, NY 10605

Title: D () Change (X) Addition
Name: DANTZKER, DAVID R MD
Address: 21 BLOOMINGDALE ROAD
City-St-Zip: WHITE PLAINS, NY 10605

Title: D () Change (X) Addition
Name: HOWE, TIMOTHY
Address: 21 BLOOMINGDALE ROAD
City-St-Zip: WHITE PLAINS, NY 10605

Title: D () Change (X) Addition
Name: WECHSLER, JOHN
Address: 21 BLOOMINGDALE ROAD
City-St-Zip: WHITE PLAINS, NY 10605

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: CHRISTOPHER P. ORLANDO, VP, GC & SECRETARY

VP

07/07/2006

Electronic Signature of Signing Officer or Director

_____ Date