

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000674

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** SAN MARCUS RESEARCH CLINIC, INCORPORATED

**Current Principal Place of Business:**

5941 NW 173 DRIVE  
SUITE 1  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

5941 NW 173 DRIVE  
SUITE 1  
MIAMI, FL 33015

**New Mailing Address:**

**FEI Number:** 27-1813160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REYES, JESUS L  
16751 NE 9 AVENUE #405  
NORTH MIAMI BEACH, FL 33162 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

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: REYES, JESUS L  
Address: 16751 NE 9 AVENUE #405  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VT  
Name: PERALTA, MANUEL  
Address: 16751 NE 9 AVENUE #405  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JESUS L REYES

PS

01/05/2012

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

\_\_\_\_\_  
Date