

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000027752

FILED  
Apr 01, 2005  
Secretary of State

Entity Name: MCLINDEN CLINICAL RESEARCH, INC.

## Current Principal Place of Business:

2230 LONGMORE CIRCLE  
VALRICO, FL 33594

## New Principal Place of Business:

## Current Mailing Address:

2230 LONGMORE CIRCLE  
VALRICO, FL 33594

## New Mailing Address:

FEI Number: 59-3632059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCLINDEN, PATRICIA A  
2230 LONGMORE CIRCLE  
VALRICO, FL 33594 US

## Name and Address of New Registered Agent:

CONNETT, STEPHEN G  
213 N PARSONS AVENUE  
BRANDON, FL 33510 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: STEPHEN G CONNETT

04/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCLINDEN, PATRICIA A  
Address: 2230 LONGMORE CIRCLE  
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete  
Name: MCLINDEN, KEVIN T  
Address: 2230 LONGMORE CIRCLE  
City-St-Zip: VALRICO, FL 33594

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: MCLINDEN, KEVIN T  
Address: 2230 LONGMORE CIRCLE  
City-St-Zip: VALRICO, FL 33594

Title: D (X) Change ( ) Addition  
Name: MCLINDEN, WILLIAM N  
Address: 1368 DARTHMOUTH  
City-St-Zip: FLOSSMOOR, IL 60422

Title: D ( ) Change (X) Addition  
Name: MCLINDEN, WILLIAM D  
Address: 1210 BRASSIE  
City-St-Zip: FLOSSMOOR, IL 60422

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEVIN T MCLINDEN

P

04/01/2005

Electronic Signature of Signing Officer or Director

Date