

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000002

Entity Name: SFBC FT. MYERS, INC.

FILED
Aug 27, 2007
Secretary of State

Current Principal Place of Business:

11190 BISCAYNE BLVD.
MIAMI, FL 33181

Current Mailing Address:

11190 BISCAYNE BLVD.
MIAMI, FL 33181

New Principal Place of Business:

C/O PHARMANET DEVELOPMENT GROUP, INC.
504 CARNEGIE CENTER
PRINCETON, NJ 08540

New Mailing Address:

C/O PHARMANET DEVELOPMENT GROUP, INC.
504 CARNEGIE CENTER
PRINCETON, NJ 08540

FEI Number: 65-1080325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, MICHAEL D
1555 PALM BEACH LAKES BLVD.
STE 310
W. PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

CT 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: ANN WILLIAMS

08/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HOLMES, GREGORY DR.
Address: 11190 BISCAYNE BLVD.
City-St-Zip: N. MIAMI, FL 33181

Title: P () Delete
Name: PHILLIPS, BARRIE DR.
Address: 11190 BISCAYNE BLVD.
City-St-Zip: N. MIAMI, FL 33181

Title: T () Delete
Name: NATAN, DAVID
Address: 11190 BISCAYNE BLVD.
City-St-Zip: N. MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change () Addition
Name: MCMULLEN, JEFFREY P
Address: 504 CARNEGIE CENTER
City-St-Zip: PRINCETON, NJ 08540

Title: D, T (X) Change () Addition
Name: HAMILL, JOHN P
Address: 504 CARNEGIE CENTER
City-St-Zip: PRINCETON, NJ 08540

Title: S (X) Change () Addition
Name: NATAN, DAVID
Address: 504 CARNEGIE CENTER
City-St-Zip: PRINCETON, NJ 08540

I hereby certify that the information supplied with this filing does not qualify 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: DAVID NATAN

S

08/27/2007

Electronic Signature of Signing Officer or Director

Date