


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90025 023 ***150.00

DOCUMENT # P01000044818
 1. Entity Name
CLINICAL RESEARCH OF TAMPA BAY, INC.




Principal Place of Business Mailing Address
 12090 KATHERWOOD STREET 12090 KATHERWOOD STREET
 SPRINGHILL, FL 34608 SPRINGHILL, FL 34608

2. Principal Place of Business 3. Mailing Address
3363 EILEEN AVE **3363 EILEEN AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SPRING HILL **SPRING HILL**

Zip Country Zip Country
34609 **USA** **34609** **USA**

4000-

 02032006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
 GRIMALDI, KAREN
 12090 KATHERWOOD STREET
 SPRINGHILL, FL 34608

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3363 EILEEN AVE
 City State Zip Code
SPRING HILL FL 34609

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *Karen Grimaldi* DATE: *02/07/2006*

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRIMALDI, KAREN 12090 KATHERWOOD STREET SPRINGHILL, FL 34608 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3363 EILEEN AVE SPRING HILL FL 34609 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: *Karen Grimaldi* KAREN GRIMALDI *02/07/2006*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #