

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084411

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: CLINICAL STUDIES CONSULTANTS, INC.

## Current Principal Place of Business:

5970 SUGARCANE LANE  
LAKE WORTH, FL 33467

## New Principal Place of Business:

5970 SUGARCANE LANE  
LAKE WORTH, FL 33449 US

## Current Mailing Address:

5970 SUGARCANE LANE  
LAKE WORTH, FL 33467

## New Mailing Address:

5970 SUGARCANE LANE  
LAKE WORTH, FL 33449 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAU, SHARLENE  
5970 SUGARCANE LANE  
LAKE WORTH, FL 33467 US

## Name and Address of New Registered Agent:

LAU, SHARLENE  
5970 SUGARCANE LANE  
LAKE WORTH, FL 33449 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: SHARLENE LAU

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LAU, SHARLENE  
Address: 5970 SUGARCANE LANE  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LAU, SHARLENE  
Address: 5970 SUGARCANE LANE  
City-St-Zip: LAKE WORTH, FL 33449 US

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: SHARLENE LAU

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date