

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092759

FILED  
Jan 10, 2007  
Secretary of State

**Entity Name:** CLINICAL TRIALS MANAGEMENT OF BOCA RATON, INC.

**Current Principal Place of Business:**

5458 TOWN CENTER RD, STE 19  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

5458 TOWN CENTER RD, STE 19  
BOCA RATON, FL 33486

**New Mailing Address:**

**FEI Number:** 65-1148615

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

APTEKAR, LORI R  
5458 TOWN CENTER RD, STE 19  
BOCA RATON, FL 33486 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** ZWICK, LISA E  
**Address:** 5458 TOWN CENTER RD, STE 19  
**City-St-Zip:** BOCA RATON, FL 33486

**Title:** VT ( ) Delete  
**Name:** APTEKAR, LORI R  
**Address:** 5458 TOWN CENTER RD, SUITE 19  
**City-St-Zip:** BOCA RATON, FL 33486

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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:** LORI R. APTEKAR, MBA

VP,T

01/10/2007

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

\_\_\_\_\_  
Date