

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121828

FILED
Apr 13, 2011
Secretary of State

Entity Name: COASTAL CLINICAL RESEARCH, INC.

Current Principal Place of Business:

2543 RIVER ENCLAVE LANE
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

2543 RIVER ENCLAVE LANE
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 04-3585608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLURE, SARAH
2543 RIVER ENCLAVE LANE
JACKSONVILLE, FL 32226 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

OFFICERS AND DIRECTORS:

Title: P
Name: MCCLURE, SARAH
Address: 2543 RIVER ENCLAVE LANE
City-St-Zip: JACKSONVILLE, FL 32226

Title: P
Name: MCCLURE, BART
Address: 2543 RIVER ENCLAVE LANE
City-St-Zip: JACKSONVILLE, FL 32226

I hereby 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 all other like empowered.

SIGNATURE: BART MCCLURE

P

04/13/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date