

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121828

**FILED**  
**Apr 03, 2012**  
**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

04/03/2012

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

\_\_\_\_\_  
Date