


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000063622</b>	
1. Entity Name ALLIANCE CLINICAL RESEARCH, INC.	

Principal Place of Business 1404 S. BURGANDY TRAIL JACKSONVILLE, FL 32259 US	Mailing Address 1404 S. BURGANDY TRAIL JACKSONVILLE, FL 32259 US
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**DO NOT WRITE IN THIS SPACE**



04012007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0612767	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BENEDICT, FRANK DAVID JR  
 1404 S. BURGANDY TRAIL  
 JACKSONVILLE, FL 32259

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENEDICT, FRANK D JR 1404 S. BURGANDY TRAIL JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENEDICT, LISA A 1404 S. BURGANDY TRAIL JACKSONVILLE, FL 32259
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**DO NOT WRITE IN THIS SPACE**

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 like empowered.

**SIGNATURE:** *Frank David Benedict Jr* - Frank David Benedict Jr (President) 4-2-07 (904) 534-3104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #