

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052534

FILED  
Aug 24, 2009  
Secretary of State

Entity Name: NEXTPHASE CLINICAL TRIALS, INC.

## Current Principal Place of Business:

1900 CORAL WAY  
SUITE 200  
MIAMI, FL 33145

## New Principal Place of Business:

## Current Mailing Address:

8005 LAKE DR  
APT. 206  
MIAMI, FL 33166

## New Mailing Address:

1900 CORAL WAY  
SUITE 200  
MIAMI, FL 33145

FEI Number: 06-1656980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: GONZALEZ, LOURDES R  
Address: 8005 LAKE DR STE 206  
City-St-Zip: MIAMI, FL 33166

Title: SD ( ) Delete  
Name: JONES, DAVID H III  
Address: 8005 LAKE DR STE 206  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: GONZALEZ, LOURDES R  
Address: 916 NE 96 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: SD (X) Change ( ) Addition  
Name: JONES, DAVID H III  
Address: 916 NE 96 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

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: DAVID H. JONES III

SD

08/24/2009

Electronic Signature of Signing Officer or Director

Date