


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90034 036 \*\*\*158.75

<b>DOCUMENT # P03000068451</b>	
1. Entity Name <b>CLINICAL RESEARCH CARE &amp; RESOURCE CENTER, INC.</b>	

Principal Place of Business <b>8525 S.W. 92TH STREET, BUILDING B SUITE # 7 MIAMI, FL 33156</b>	Mailing Address <b>8525 S.W. 92TH STREET, BUILDING B SUITE # 7 MIAMI, FL 33156</b>
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2. Principal Place of Business - No P.O. Box # <b>8525 S.W. 92ND STREET, BUILDING B</b>	3. Mailing Address <b>8525 S.W. 92ND STREET, BUILDING B</b>
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Suite, Apt. #, etc. <b>SUITE #7</b>	Suite, Apt. #, etc. <b>SUITE #7</b>
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City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>
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Zip <b>33156</b>	Country <b>USA</b>	Zip <b>33156</b>	Country <b>USA</b>
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**40060539**



03082007 Chg-P CR2E034 (12/06)

4. FEI Number <b>36-4534125</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ARANGO, CLAUDIA G MD 8525 SW 92ND STREET STE B-7 MIAMI, FL 33156</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, T ARANGO, CLAUDIA G M.D. 8525 S.W. 92 STREET, BUILDING B, # 7 MIAMI, FL 33156</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/T/S ARANGO, CLAUDIA G., M.D. 8525 S.W. 92ND STREET, BUILDING B, SUITE #7 MIAMI, FL 33156</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S AQUINO, LEON M.D. 8525-92ND STREET STE B-7 MIAMI, FL 33156</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> 	<b>PRESIDENT</b>	<b>03-08-07</b>	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				