

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072475

FILED  
Jan 03, 2008  
Secretary of State

Entity Name: HEALTHCARE CLINICAL DATA, INC.

## Current Principal Place of Business:

2416 NORTH ATLANTIC BLVD  
FT LAUDERDALE, FL 33305 US

## New Principal Place of Business:

1065 N.E. 125TH STREET  
SUITE 221  
NORTH MIAMI, FL 33161 US

## Current Mailing Address:

1065 N.E. 125TH STREET  
SUITE 221  
NORTH MIAMI, FL 33161 US

## New Mailing Address:

FEI Number: 77-0603577      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEINBERG, DAWN  
1065 N.E. 125TH STREET  
SUITE 221  
NORTH MIAMI, FL 33161 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SEGAL, SCOTT  
Address: 1065 N.E. 125TH STREET SUITE 403  
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: VP ( ) Delete  
Name: SEGAL, BONNIE  
Address: 1065 N.E. 125TH STREET SUITE 403  
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: S/T ( ) Delete  
Name: STEINBERG, DAWN  
Address: 1065 N.E. 125TH STREET SUITE 403  
City-St-Zip: NORTH MIAMI, FL 33161 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SEGAL, SCOTT  
Address: 1065 N.E. 125TH STREET SUITE 221  
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: VP (X) Change ( ) Addition  
Name: SEGAL, BONNIE  
Address: 1065 N.E. 125TH STREET SUITE 221  
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: S/T (X) Change ( ) Addition  
Name: STEINBERG, DAWN  
Address: 1065 N.E. 125TH STREET SUITE 221  
City-St-Zip: NORTH MIAMI, FL 33161 US

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: DAWN STEINBERG

COO

01/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date