

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107009

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: ACT CLINICAL RESEARCH INSTITUTE, INC.

## Current Principal Place of Business:

860 PEACHWOOD DRIVE  
DELAND, FL 32720

## New Principal Place of Business:

## Current Mailing Address:

860 PEACHWOOD DRIVE  
DELAND, FL 32720

## New Mailing Address:

FEI Number: 16-1710315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TREVATHAN, BEN D  
860 PEACHWOOD DRIVE  
DELAND, FL 32720 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: PRES ( ) Delete  
Name: MILLER, JANET  
Address: 1220 WILLIS AVE  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: VP ( ) Delete  
Name: TREVATHAN, BEN  
Address: 860 PEACHWOOD DRIVE  
City-St-Zip: DELAND, FL 32720 US

Title: MS ( ) Delete  
Name: ZEIDWIG, DIANE  
Address: 324 E. CHURCH STREET  
City-St-Zip: DELAND, FL 32720

Title: MR ( ) Delete  
Name: BURNS, PAUL  
Address: 860 PEACHWOOD DRIVE  
City-St-Zip: DELAND, FL 32720

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BEN TREVATHAN

VP

02/04/2009

Electronic Signature of Signing Officer or Director

Date