


**NOTICE WAS NOT RECEIVED**  
**2005 FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90219 018 \*\*\*150.00

DOCUMENT # P04000116074	
1. Entity Name CHINTA CLINICAL RESEARCH, INC.	

Principal Place of Business 1633 E VINE ST STE 209 KISSIMMEE, FL 34744	Mailing Address 1633 E VINE ST STE 209 KISSIMMEE, FL 34744
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**50052017**

2. Principal Place of Business <b>4991 ADAIR OAK DR</b>	3. Mailing Address <b>4991 ADAIR OAK DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



05052005 Chg-P CR2E034 (10/03)

City & State <b>ORLANDO, FL</b>	City & State <b>ORLANDO, FL</b>
Zip <b>32829</b>	Zip <b>32829</b>
Country	Country

4. FEI Number <b>20-1481834</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  TELIS, ISIDRO F 4991 ADAIR OAK DR ORLANDO, FL 32829	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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____	<b>5-5-05</b> <b>407-721-3253</b> (Date)      (Daytime Phone)
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