

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064346

Entity Name: ABG CLINICAL CONSULTING, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

4633 LONG LAKE DRIVE
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

4633 LONG LAKE DRIVE
FORT MYERS, FL 33905

New Mailing Address:

FEI Number: 30-0315879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLERN, AYNE
4633 LONG LAKE DRIVE
FORT MYERS, FL 33905 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: PTS () Delete
Name: GILLERN, AYNE
Address: 372 SUMMER HAVEN ROAD
City-St-Zip: SWANNANOA, NC 28778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: GILLERN, AYNE
Address: 275 SUMMER HAVEN ROAD
City-St-Zip: SWANNANOA, NC 28778

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: AYNE GILLERN

MS.

04/29/2008

Electronic Signature of Signing Officer or Director

Date