

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000114544

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Entity Name:** CLINICAL RESEARCH OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

2937 DUNHILL CIRCLE  
LAKE LAND, FL 33810

**New Principal Place of Business:**

854 NORTH DAVIS AVE  
LAKE LAND, FL 33815

**Current Mailing Address:**

2937 DUNHILL CIRCLE  
LAKE LAND, FL 33810

**New Mailing Address:**

854 NORTH DAVIS AVE  
LAKE LAND, FL 33815

FEI Number: 01-0843332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KNIGHT, KATRINA  
2937 DUNHILL CIRCLE  
LAKE LAND, FL 33810 US

**Name and Address of New Registered Agent:**

KNIGHT, KATRINA  
854 NORTH DAVIS AVENUE  
LAKE LAND, FL 33815 US

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:

03/01/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KNIGHT, KATRINA  
Address: 854 NORTH DAVIS AVENUE  
City-St-Zip: LAKE LAND, FL 33815

I hereby 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 all other like empowered.

SIGNATURE: TRINA KNIGHT

D

03/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date