

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000114544

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

854 NORTH DAVIS AVE  
LAKELAND, FL 33815

**New Principal Place of Business:**

2937 DUNHILL CIRCLE  
LAKELAND, FL 33810

**Current Mailing Address:**

854 NORTH DAVIS AVE  
LAKELAND, FL 33815

**New Mailing Address:**

2937 DUNHILL CIRCLE  
LAKELAND, FL 33810

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  
854 NORTH DAVIS AVENUE  
LAKELAND, FL 33815 US

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

SMITH, JENNEL  
2937 DUNHILL CIRCLE  
LAKELAND, FL 33810 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: JENNEL K. SMITH

03/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SMITH, JENNEL  
Address: 2937 DUNHILL CIRCLE  
City-St-Zip: LAKELAND, FL 33810

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: JENNEL K. SMITH

PRES

03/31/2011

Electronic Signature of Signing Officer or Director

Date