

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000039312

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: MOORE CLINICAL RESEARCH, INC.

## Current Principal Place of Business:

12438 ADVENTURE DRIVE  
RIVERVIEW, FL 33569 US

## New Principal Place of Business:

12438 ADVENTURE DRIVE  
RIVERVIEW, FL 33579 US

## Current Mailing Address:

12438 ADVENTURE DRIVE  
RIVERVIEW, FL 33569 US

## New Mailing Address:

12438 ADVENTURE DRIVE  
RIVERVIEW, FL 33579 US

FEI Number: 20-4524023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CARDENAS, H JOSEPH  
12438 ADVENTURE DRIVE  
RIVERVIEW, FL 33569 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: D ( ) Delete  
Name: CARDENAS, H JOSEPH  
Address: 12438 ADVENTURE DRIVE  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: D ( ) Delete  
Name: MOORE, STEVEN R  
Address: 12438 ADVENTURE DRIVE  
City-St-Zip: RIVERVIEW, FL 33569 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CARDENAS, H JOSEPH  
Address: 12438 ADVENTURE DRIVE  
City-St-Zip: RIVERVIEW, FL 33579 US

Title: D (X) Change ( ) Addition  
Name: MOORE, STEVEN R  
Address: 12438 ADVENTURE DRIVE  
City-St-Zip: RIVERVIEW, FL 33579 US

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: HJCARDENAS

PRES

02/19/2009

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

\_\_\_\_\_  
Date