

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000039312

**FILED**  
**Jun 05, 2012**  
**Secretary of State**

**Entity Name:** MOORE CLINICAL RESEARCH, INC.

**Current Principal Place of Business:**

12438 ADVENTURE DRIVE  
RIVERVIEW, FL 33579 US

**New Principal Place of Business:**

**Current Mailing Address:**

12438 ADVENTURE DRIVE  
RIVERVIEW, FL 33579 US

**New Mailing Address:**

**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:**

CARDENAS, H JOSEPH  
12438 ADVENTURE DRIVE  
RIVERVIEW, FL 33579 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:** H CARDENAS

06/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** CARDENAS, H JOSEPH  
**Address:** 12438 ADVENTURE DRIVE  
**City-St-Zip:** RIVERVIEW, FL 33579 US

**Title:** D  
**Name:** MOORE, STEVEN R  
**Address:** 12438 ADVENTURE DRIVE  
**City-St-Zip:** RIVERVIEW, FL 33579 US

**Title:** D  
**Name:** SMYTH, JEFFREY L  
**Address:** 12438 ADVENTURE DR  
**City-St-Zip:** RIVERVIEW, FL 33579

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:** H CARDENAS

PRES

06/05/2012

Electronic Signature of Signing Officer or Director

Date