

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000065100

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** CLINICAL RESEARCH CONSULTING, INCORPORATED

**Current Principal Place of Business:**

150 TERRA MANGO LOOP  
SUITE A  
ORLANDO, FL 32835

**New Principal Place of Business:**

125 TERRA MANGO LOOP  
SUITE A  
ORLANDO, FL 32835

**Current Mailing Address:**

150 TERRA MANGO LOOP  
SUITE A  
ORLANDO, FL 32835

**New Mailing Address:**

125 TERRA MANGO LOOP  
SUITE A  
ORLANDO, FL 32835

**FEI Number:** 42-1700813

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIMES, TRACI L BSN, RN  
150 TERRA MANGO LOOP  
SUITE A  
ORLANDO, FL 32835 US

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

KIMES, TRACI L BSN, RN  
125 TERRA MANGO LOOP  
SUITE A  
ORLANDO, FL 32835 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: \_\_\_\_\_

04/30/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KIMES, TRACI L BSN, RN  
Address: 150 TERRA MANGO LOOP, SUITE A  
City-St-Zip: ORLANDO, FL 32818

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: KIMES, TRACI L BSN, RN  
Address: 125 TERRA MANGO LOOP, SUITE A  
City-St-Zip: ORLANDO, FL 32818

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: TRACI L. KIMES, BSN, RN

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date