

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000104340

FILED
Jan 11, 2008
Secretary of State

Entity Name: CLINICAL PHARMACOLOGY OF MIAMI, INC.

Current Principal Place of Business:

550 WEST 84TH STREET
HIALEAH, FL 33014

New Principal Place of Business:

550 WEST 84TH STREET
HIALEAH, FL 33014 US

Current Mailing Address:

550 WEST 84TH STREET
HIALEAH, FL 33014

New Mailing Address:

550 WEST 84TH STREET
HIALEAH, FL 33014 US

FEI Number: 22-3940974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

DILZER, STACY C RN
550 WEST 84TH STREET
MIAMI, FL 33014 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: STACY C. DILZER

01/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: SHAMBLIN, E. COOPER
Address: 540 OCEAN CAY DRIVE
City-St-Zip: KEY LARGO, FL 33014

Title: DVT () Delete
Name: LASSETER, KENNETH C. MD
Address: 3401 NE 170 ST.
City-St-Zip: MIAMI, FL 33160

Title: DPS () Delete
Name: DILZER, STACY C.
Address: 550 WEST 84TH STREET
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: SHAMBLIN, E. C
Address: 540 OCEAN CAY DRIVE
City-St-Zip: KEY LARGO, FL 33014

Title: DVT (X) Change () Addition
Name: LASSETER, KENNETH C MD
Address: 3401 NE 170 ST.
City-St-Zip: MIAMI, FL 33160

Title: DPS (X) Change () Addition
Name: DILZER, STACY C
Address: 550 WEST 84TH STREET
City-St-Zip: HIALEAH, FL 33014 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: KENNETH C. LASSETER MD

VD

01/11/2008

Electronic Signature of Signing Officer or Director

Date