2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000112978

FILED Jul 09, 2007 Secretary of State

Entity Name: CLINICAL ACADEMY FOR RESEARCH AND EDUCATION, INC.

Current P	rincipal Place	e of Business:	New Principal Place	of Business:
	00 W. SAMPLE RD. RAL SPRINGS, FL 33065		9600 W. SAMPLE RD	·
JORAL SE	PRINGS, FL 3	3065	200 CORAL SPRINGS, FL	_ 33065 US
Current M	ailing Addres	ss:	New Mailing Addres	s:
9600 W. SAMPLE RD. CORAL SPRINGS, FL 33065		9600 W. SAMPLE RD		
		200 CORAL SPRINGS, FL 33065 US		
El Number:	20-5515658	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of (Current Registered Agent:	Name and Address o	of New Registered Agent:
SERENA, 9600 W. S.	JULIANA AMPLE RD., S	STE 200		
	PRINGS, FL 3	3065 US	numbers of changing its registers	d office or registered agent or bet
he above the State	named entity of Florida	3065 US	purpose of changing its registere	d office or registered agent, or bot
he above	named entity e of Florida. RE:	3065 US		d office or registered agent, or bot Date
The above in the State SIGNATUF in accordance	named entity of Florida. RE: Electron	3065 US submits this statement for the nic Signature of Registered Ag	gent	
The above in the State SIGNATUF in accordance Election Car	named entity of Florida. RE: Electron	submits this statement for the nic Signature of Registered Agravature of Registered Agravation ().	gent not receive the prior notice.	
The above the State of the Stat	named entity of Florida. RE: Electron ce with s. 607.19 npaign Financin S AND DIREC	submits this statement for the nic Signature of Registered Agravature of Registered Agravation ().	gent not receive the prior notice.	Date
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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: JULIANA GERENA D 07/09/2007