

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000116414

FILED
Jan 03, 2008
Secretary of State

Entity Name: CLINICAL RESEARCH OF GREATER MIAMI, INC.

Current Principal Place of Business:

275 ALHAMBRA CIRCLE
CORAL GABLES, FL

New Principal Place of Business:

275 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134 US

Current Mailing Address:

275 ALHAMBRA CIRCLE
CORAL GABLES, FL

New Mailing Address:

275 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134 US

FEI Number: 20-5697260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEN, KAREN Z
6000 SW 106TH ST.
MIAMI, FL 33156 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: ROSEN, JEFFREY B
Address: 275 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL

Title: DP () Delete
Name: ROSEN, JEFFERY
Address: 275 ALHAMBRA CIR
City-St-Zip: CORAL GABLES, FL

Title: S () Delete
Name: ROSEN, KAREN
Address: 6000 SW 106 ST
City-St-Zip: PINECREST, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROSEN, JEFFREY B
Address: 275 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DP (X) Change () Addition
Name: ROSEN, JEFFERY
Address: 275 ALHAMBRA CIR
City-St-Zip: CORAL GABLES, FL 33134 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEFFREY B. ROSEN, M.D.

D

01/03/2008

Electronic Signature of Signing Officer or Director

Date