

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000116414

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: CLINICAL RESEARCH OF GREATER MIAMI, INC.

## Current Principal Place of Business:

275 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

1179 71ST STREET  
MIAMI BEACH, FL 33141 US

## Current Mailing Address:

275 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134 US

## New Mailing Address:

PO BOX 565361  
MIAMI, FL 33256 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 33134 US

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: KAREN ROSEN

SECY

02/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date