2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000119620

Entity Name: SOUTH MIAMI CLINICAL RESEARCH GROUP, INC.

FILED Nov 13, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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7000 SW 62 AVENUE 5995 SW 71 STREET 1B

SUITE #402

SOUTH MIAMI, FL 33143 SOUTH MIAMI, FL 33143

Current Mailing Address: New Mailing Address:

7000 SW 62 AVENUE 5995 SW 71 STREET

SUITE #402

SOUTH MIAMI, FL 33143 SOUTH MIAMI, FL 33143

FEI Number: 20-5568113 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NADAL, DANIEL W NADAL, DANIEL W 7000 SW 62 AVE 5995 SW 71 STREET

SUITE #403 SOUTH MIAMI, FL 33143 US SOUTH MIAMI, FL 33143 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: DANIEL NADAL 11/13/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution (). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

AQUINO, LEON ORTIZ, JOSE RICARDO Name: Name: 7000 SW 62 AVE, SUITE #403 5995 SW 71 STREET SUITE 1B Address: Address: City-St-Zip: SOUTH MIAMI, FL 33143 City-St-Zip: SOUTH MIAMI, FL 33143

Title: Title: (X) Change () Addition () Delete

Name: NADAL, DANIEL W Name: NADAL, DANIEL W

7000 SW 62 AVE, SUITE #403 5995 SW 71 STREET SUITE 1B Address: Address: SOUTH MIAMI, FL 33143 SOUTH MIAMI, FL 33143 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete

ORTIZ, JOSE R NADAL, DANIEL W Name: Name:

7000 SW 62 AVE, SUITE #403 5995 SW 71 STREET SUITE 1B Address: Address: City-St-Zip: SOUTH MIAMI, FL 33143 City-St-Zip: SOUTH MIAMI, FL 33143

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: DANIEL NADAL RA 11/13/2007