

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000026241

FILED  
Dec 14, 2009  
Secretary of State

Entity Name: IN VIVO CLINICAL RESEARCH, INC.

## Current Principal Place of Business:

8181 NW . 36 ST  
24  
DORAL, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

8181 NW 36 ST  
24  
DORAL, FL 33166

## New Mailing Address:

FEI Number: 20-8543066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AREVALO, MARIA  
8181 NW . 36 ST  
24  
DORAL, FL 33166 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: MARIA AREVALO

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 ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AREVALO, MARIA  
Address: 8181 NW 36 ST SUITE 24  
City-St-Zip: DORAL, FL 33166

Title: D ( ) Delete  
Name: ESQUIROL, RAQUEL B  
Address: 8811 NW 140 LN  
City-St-Zip: MIAMI, FL 33018

Title: D ( ) Delete  
Name: BARRASO, JUANA  
Address: 501 EAST 23 STREET  
City-St-Zip: HIALEAH, FL 33013

Title: D ( ) Delete  
Name: VARONA, LAZARO A  
Address: 501 EAST 23 STREET  
City-St-Zip: HIALEAH, FL 33013

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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:

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

Title: VP ( ) Change (X) Addition  
Name: PEREZ, VICTORIA L  
Address: 8181 NW 36 ST # 24  
City-St-Zip: DORAL, FL 33166

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: MARIA AREVALO

P

12/14/2009

Electronic Signature of Signing Officer or Director

Date