

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90196 044 \*\*\*150.00

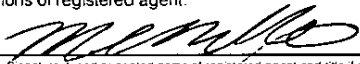
<b>DOCUMENT # P07000080122</b>	
1. Entity Name ALBA CLINICAL RESEARCH, INC.	

Principal Place of Business 1180 PONCE DELEON BLVD. STE 401 CLEARWATER, FL 33756	Mailing Address 1180 PONCE DELEON BLVD. STE 401 CLEARWATER, FL 33756
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2. Principal Place of Business - No P.O. Box # 1433 S. Ft. Harrison Suite G City & State Clearwater FL Zip 33756 Country USA	3. Mailing Address 1433 S. Ft. Harrison Suite G City & State Clearwater FL Zip 33756 Country USA
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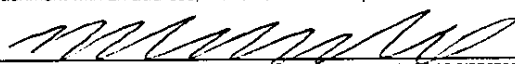
	
02222008	Chg-P CR2E034 (12/06)
4. FEI Number	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, MARY E 1180 PONCE DELEON BLVD. STE 401 CLEARWATER, FL 33756	
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7. Name and Address of New Registered Agent Name Mary E. Miller Street Address (P.O. Box Number is Not Acceptable) 1433 S. Ft. Harrison Suite G City Clearwater FL Zip Code 33756	
8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 2-29-08

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MILLER, MARY E 1180 PONCE DELEON BLVD, STE 401 CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1433 S. Ft. Harrison, Suite G Clearwater, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA MILLER, KEITH A 1180 PONCE DELEON BLVD, STE 401 CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1433 S. Ft. Harrison, Suite G. Clearwater, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 3-1-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	