## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000134092

Entity Name: CLINICAL CONSULTANT ASSISTANT, INC.

FILED Apr 21, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7116 CRESCENT CREEK WAY COCONUT CREEK, FL 33073 US **Current Mailing Address: New Mailing Address:** 7116 CRESCENT CREEK WAY COCONUT CREEK, FL 33073 US FEI Number: 26-1613628 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOULIS, KEITH 7116 CRESCENT CREEK WAY US COCONUT CREEK, FL 33073 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition FOULIS, KEITH Name: Name:

Name: FOULIS, KEITH Name:
Address: 7116 CRESCENT CREEK WAY Address:
City-St-Zip: COCONUT CREEK, FL 33073 US 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: KEITH FOULIS P 04/21/2009