

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000004641

**FILED**  
**Dec 13, 2012**  
**Secretary of State**

**Entity Name:** PIEDMONT CLINICAL TRIALS, INC.

**Current Principal Place of Business:**

1065 N.E. 125TH STREET  
SUITE 221  
NORTH MIAMI, FL 33161 US

**New Principal Place of Business:**

1065 N.E. 125TH STREET  
SUITE 417  
NORTH MIAMI, FL 33161 US

**Current Mailing Address:**

1065 N.E. 125TH STREET  
SUITE 221  
NORTH MIAMI, FL 33161 US

**New Mailing Address:**

1065 N.E. 125TH STREET  
SUITE 417  
NORTH MIAMI, FL 33161 US

**FEI Number:** 26-1737669

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SEGAL INSTITUTE FOR CLINICAL RESEARCH  
1065 N.E. 125TH STREET  
SUITE 221  
NORTH MIAMI, FL 33161 US

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

SEGAL INSTITUTE FOR CLINICAL RESEARCH  
1065 N.E. 125TH STREET  
SUITE 417  
NORTH MIAMI, FL 33161 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: BONNIE SEGAL

12/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SEGAL, SCOTT  
Address: 1065 N.E. 125TH STREET SUITE 417  
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP  
Name: SEGAL, BONNIE  
Address: 1065 N.E. 125TH STREET SUITE 417  
City-St-Zip: NORTH MIAMI, FL 33161 US

I hereby 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 all other like empowered.

SIGNATURE: BONNIE SEGAL

VP

12/13/2012

Electronic Signature of Signing Officer or Director

Date