2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

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Entity Name: KFORCE CLINICAL RESEARCH, INC.

Current Principal Place of Business:

1001 EAST PALM AVE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1001 EAST PALM AVE
TAMPA, FL 33605

New Mailing Address:

FEI Number: 26-3478160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: ELLIS, KRIS
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: ASEC
Name: SOTO, EDWIN
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: VP
Name: KELLY, DAVID M
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: ASEC
Name: HACKMAN, JEFF
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: VP
Name: NICHOLS, SARA R
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: VPTR
Name: GENSHINO-KELLY, JUDY
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

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: EDWIN SOTO ASEC 04/20/2011

Electronic Signature of Signing Officer or Director — Date