

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000043742

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED CLINICAL RESEARCH OF PALM BEACH COUNTY, P.A.

**Current Principal Place of Business:**

5065 SOUTH STATE ROAD 7  
SUITE 201  
LAKE WORTH, FL 334449

**New Principal Place of Business:**

**Current Mailing Address:**

5065 SOUTH STATE ROAD 7  
SUITE 201  
LAKE WORTH, FL 334449

**New Mailing Address:**

**FEI Number:** 27-0218959      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CRAMER, CHARLES W  
1411 EDGEWATER DRIVE  
SUITE 200  
ORLANDO, FL 32804 US

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

TALBOTT, MADELEINE C  
5065 SR 7  
SUITE 201  
LAKE WORTH, FL 33449 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: MADELEINE TALBOTT

04/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EISENMAN, RICHARD  
Address: 5065 SOUTH STATE ROAD 7  
City-St-Zip: LAKE WORTH, FL 33449

Title: VP  
Name: EISENMAN, JESSE  
Address: 5065 SOUTH STATE ROAD 7  
City-St-Zip: LAKE WORTH, FL 33449

Title: MNG  
Name: TALBOTT, MADELEINE C  
Address: 5065 SR 7  
City-St-Zip: LAKE WORTH, FL 33449

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: MADELEINE TALBOTT

MNG

04/13/2011

Electronic Signature of Signing Officer or Director

Date