

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000066685

FILED  
Feb 23, 2012  
Secretary of State

**Entity Name:** BOCA RATON CLINICAL RESEARCH ASSOCIATES, INC

**Current Principal Place of Business:**

600 S. DIXIE HWY., SUITE 200  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

600 S. DIXIE HWY., SUITE 200  
BOCA RATON, FL 33432 US

**New Mailing Address:**

600 S. DIXIE HWY., SUITE 200  
BOCA RATON, FL 33432

**FEI Number:** 27-0730555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALTAMIRANO, MARIA B  
12636 NW 12 CT.  
SUNRISE, FL 33323 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: D  
Name: ALTAMIRANO, MARIA B  
Address: 12636 NW 12 CT  
City-St-Zip: SUNRISE, FL 33323 US

Title: D  
Name: PINOARGOTE, CARLOS S  
Address: 600 S. DIXIE HWY., SUITE 200  
City-St-Zip: BOCA RATON, FL 33432 US

Title: D  
Name: NEGRETE B., SANDRA V  
Address: 11517 TERRA BELLA BLVD.  
City-St-Zip: PLANTATION, FL 33325 US

Title: D  
Name: OCHOA, MARIA DEL C.  
Address: 403 AVENIDA OLMOS, EDIFICIO LA MIRADA PISO 6  
City-St-Zip: GUAYAQUIL, ECUADOR,

Title: D  
Name: ALMEIDA, ALDO ZAMBRANO  
Address: URBANIZACION LA SAIBA MZ M, VILLA 11  
City-St-Zip: GUAYAQUIL, ECUADOR,

Title: D  
Name: PINOARGOTE VERA, CARLOS  
Address: CIUDADEL LA GARZOTA, MANZANA 75 VILLA 11  
City-St-Zip: GUAYAQUIL, ECUADOR,

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: MARIA ALTAMIRANO

D

02/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date