2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 04, 2012
Secretary of State

DOCUMENT# P10000009325

Entity Name: TRIQUEST CLINICAL RESEARCH INC.

Current Principal Place of Business:

13574 VILLAGE PARK DR.
SUITE 235
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

13574 VILLAGE PARK DR.
SUITE 235
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 27-2154764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERA, MICHAEL T
4403 URBANA DR.
SUITE 106
ORLANDO, FL 32837 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: PD
Name: RIVERA, MICHAEL T
Address: 4403 URBANA DR. SUITE 106
City-St-Zip: ORLANDO, FL 32837

Title: VPD
Name: VINAIPANICH, PAUL
Address: 13312 TWIN WOOD LANE #1819
City-St-Zip: ORLANDO, FL 32837

Title: T
Name: RIVERA, TRACY
Address: 4403 URBANA DR. SUITE 106
City-St-Zip: ORLANDO, FL 32837

Title: S
Name: VINAIPANICH, RUBY
Address: 13312 TWIN WOOD LANE #1819
City-St-Zip: ORLANDO, FL 32837

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: MICHAEL T. RIVERA PRES 04/04/2012

Electronic Signature of Signing Officer or Director — Date