

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000074305

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** LITMUS CLINICAL RESEARCH GROUP CORP.

**Current Principal Place of Business:**

1800 SUNSET HARBOUR DRIVE  
UNIT 1501  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1800 SUNSET HARBOUR DRIVE  
UNIT 1501  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 27-3434576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES REGISTERED AGENTS, INC.  
420 S. DIXIE HIGHWAY  
SUITE 4B  
CORAL GABLES, FL 33146 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:** AMBURGEY, CRAIG F  
**Address:** 1800 SUNSET HARBOUR DRIVE, #1501  
**City-St-Zip:** MIAMI BEACH, FL 33139

**Title:** D  
**Name:** FRANCO, JAIME M  
**Address:** 2101 BRICKELL AVENUE, #611  
**City-St-Zip:** MIAMI, FL 33129

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:** CRAIG AMBURGEY

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04/23/2011

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

\_\_\_\_\_  
Date