

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000078757

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** UNIVERSAL CLINICAL RESEARCH ASSOCIATES INC

**Current Principal Place of Business:**

3650 NW 82ND AVE  
503  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

3650 NW 82ND AVE  
503  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 27-3567060

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TILLET, ANDREW  
3650 NW 82ND AVE  
503  
MIAMI, FL 33166 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: P  
Name: MARTINEZ, LUIS  
Address: 3650 NW 82ND AVE SUITE 503  
City-St-Zip: MIAMI, FL 33166

Title: VP  
Name: TILLET, ANDREW  
Address: 3650 NW 82ND AVE SUITE 503  
City-St-Zip: MIAMI, FL 33166

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: ANDREW TILLET

VP

03/16/2011

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

\_\_\_\_\_  
Date