

P10000093351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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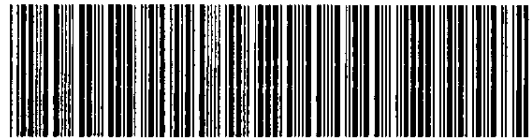
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

R.A. Chong
C.COULLIETTE

FEB 25 2011

EXAMINER

COVER LETTER ♦

TO: Amendment Section
Division of Corporations

SUBJECT: United Clinical Research
Name of Corporation

DOCUMENT NUMBER: P10000093351

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Teresa B. Alfonso, MD
Name of Contact Person

United Clinical Research
Firm/Company

6498 Coral Way
Address

Miami, FL 33155
City/State and Zip Code

unitedclinicalresearch@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenny Soca, CRC at (305) 668 7181
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: United Clinical Research
2. The principal office address: 6498 Coral Way, Miami FL 33155
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: Nov/2010 Document number: P10000093351

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Ernesto Alfonso - Registered Agent - Resigned
6498 Coral Way, Miami, FL 33155

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Marisel Piñero-Alhadeff
1500 Weston Blvd Suite 200
P.O. Box NOT acceptable
Weston FL 33326

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] 1/21/11
Signature of an officer or director

Ernesto Alfonso, Vice President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

2/2/2011
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

RECEIVED
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