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T. CAULEY

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Premier Clinical Research Institute, Inc.

Name of Corporation

DOCUMENT NUMBER: P12000053440

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:

Antonio Delgado

Name of Contact Person

Premier Clinical Research Institute, Inc.

Firm/Company

8950 SW 74th Court Suite 2201

Address

Miami, Florida 33156

City/State and Zip Code

PCRInstitute@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Delgado

₄,305 \972-7558

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	this	-
1. The name of t	he corporation: Premier Clinica	al Research Institute, Inc.		
	office address: 8950 SW 74th orida 33156	Court Suite 2201		
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 06/12/20	12	140	
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)		
	Nery Cowan			
	10505 SW 79th Place			
	Miami, Florida 33156			
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office	12 AUG	SECRETI ALLAHA
	Antonio Delgado		$\overline{\omega}$	SSE Y
	8950 SW 74th Court Suit	re 2201	AH 9:	
	Miami, Florida 33156	x NOT acceptable	: 59	TATE ORIDA
The street addre	ess of its registered office and the s be identical.	street address of the business office of its registe	red age	ent,
Such change was authorized by th	s authorized by resolution duly ad board, or the corporation has been	opted by its board of directors or by an officer sen notified in writing of the change.	80	
(1)		Antonio Delgado		_
I hereby accept I further agree	to comply with the provisions of all my duties, and I am familiar with i	Printed or typed name and title ant and agree to act in this capacity. It statutes relative to the proper and complete and accept the obligation of my position as region oreflect a change in the registered office addre fied in writing of this change.	istered ss, I	
		08/11/2012		
Sig	nature of Registered Agent	Date		_
If signing on be	half of an entity:			
Т	yped or Printed Name			

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