

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000050120

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** CLINICAL RESEARCH OF WEST FLORIDA, INC.

**Current Principal Place of Business:**

2147 NE COACHMAN RD  
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

**Current Mailing Address:**

2147 NE COACHMAN RD  
CLEARWATER, FL 33765 US

**New Mailing Address:**

**FEI Number:** 59-3321571

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KESKINER, AYDIN D  
2147 COACHMAN RD  
CLEARWATER, FL 33765 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:** MERRIAM, LYNNE  
**Address:** 2147 NE COACHMAN RD  
**City-St-Zip:** CLEARWATER, FL 33765

**Title:** VP  
**Name:** MCGILVARY, SARA  
**Address:** 2147 COACHMAN RD  
**City-St-Zip:** CLEARWATER, FL 33765

**Title:** PCE  
**Name:** KESKINER, AYDIN  
**Address:** 2147 NE COACHMAN RD  
**City-St-Zip:** CLEARWATER, FL 33765

**Title:** D  
**Name:** KESKINER, BARBARA  
**Address:** 2147 NE COACHMAN RD  
**City-St-Zip:** CLEARWATER, FL 33765

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:** AYDIN KESKINER

P

01/06/2011

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

\_\_\_\_\_  
Date