

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000001863

**FILED**  
**Mar 30, 2007**  
**Secretary of State**

**Entity Name:** ADVANCED CLINICAL RESOURCES, INC.

**Current Principal Place of Business:**

535 CENTRAL AVE #316  
ST PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 628  
ST. PETERSBURG, FL 337310628

**New Mailing Address:**

**FEI Number:** 59-3366803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOOKER, JOSEPH A III  
535 CENTRAL AVE.  
SUITE 316  
ST. PETERSBURG, FL 33701 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOOKER, JOSEPH A III  
Address: 2018 MASSACHUSETTS AVE NE  
City-St-Zip: ST. PETERSBURG, FL 33703 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: J A BOOKER

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03/30/2007

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

\_\_\_\_\_ Date