FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Kjortham² ANNUAL REPORT Secretary of State FILED DIVISION OF CORPORATIONS 1997 97 JUL 15 AM 10: 15 DOCUMENT # P96000099152 (6) SECRETARY OF STATE CLINICAL CONSULTING INC. TALLAHASSEE, FLORID**a** Principal Place of Business Mailing Address 6095 W. 18 AVE., S220 6095 W. 18 AVE., \$220 HIALEAH FL 33012 HIALEAH FL 33012-6138 3. Date Incorporated or Qualified 3a. Date of Last Report 12/09/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zιρ 8. This corporation has liability for intangible tax under s. 199.032 Yes No 24 25 29 30 Florida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ARGUEDAS, SERGIO 8095 W. 18 AVE., \$220 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 83 84 City Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when relistating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. , 13. DPST DELETE Change Addition TITLE 1.1 TITLE ARGUEDAS, SERGIO NAME 1.2 NAME 6095 W. 18 AVE., \$220 STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP 1.4 CITY - \$1 - 71P Elevisi ... DELFTE 2.1 TITLE TITLE 9000022432**79**-4 -07/21/97--01125--011 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS ****173.75 ####1731,75 CITY-ST-ZIP 2 4 CITY - ST - ZIP DELFTE Change Addition TITLE 3.1 1(T) F 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change TITLE 4.1 TITLE Addition NAC. 4. 2 NAME 4.3 STRLET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TATLE 51 MHF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETÉ TITLE 6.1 TOLE Add:tion NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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14. To horeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

6.4 CITY-S1-7IP

CITY-ST-ZIP