
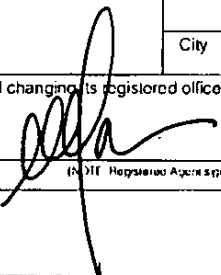


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 05, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90026 047 \*\*\*150.00

DOCUMENT # P97000087815			
1. Entity Name GENESIS CLINICAL RESEARCH CORP.			
Principal Place of Business 4710 N HABANA AVE STE 300 TAMPA FL 33614 US		Mailing Address 4710 N HABANA AVE STE 300 TAMPA FL 33614 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3468848		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NAVARRO, JESUS O 4302 WEST BEACH PARK DRIVE TAMPA FL 33609		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		 4/23/07	
Signature, typed or printed name of registered agent and title, if applicable. (Do Not Register Agent signature returned when reissuing)		Signature, typed or printed name of registered agent and title, if applicable. (Do Not Register Agent signature returned when reissuing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: NAVARRO, JESUS O STREET ADDRESS: 4302 WEST BEACH PARK DRIVE CITY-STATE-ZIP: TAMPA FL 33609	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, email or other like empowerment.			
SIGNATURE: _____		JESUS O. Navarro 5/30/07 (813) 873-1016	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	