

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029897

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** RASF CLINICAL RESEARCH, INC.

**Current Principal Place of Business:**

1050 NW 15TH STREET  
208A  
BOCA RATON, FL 33486

**New Principal Place of Business:**

1050 NW 15TH STREET  
212A  
BOCA RATON, FL 33486

**Current Mailing Address:**

1050 NW 15TH STREET  
208A  
BOCA RATON, FL 33486

**New Mailing Address:**

1050 NW 15TH STREET  
212A  
BOCA RATON, FL 33486

**FEI Number:** 65-0920331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELUCA, ANNETTE  
11053 NORTHWEST 46TH DRIVE  
CORAL SPRINGS, FL 33076 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: PARDO, IRA  
Address: 1050 NW 15TH STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: V  
Name: FORSTOT, JOSEPH Z  
Address: 1050 NW 15TH STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: T  
Name: BACA, SHAWN  
Address: 1050 NW 15TH STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: S  
Name: ALBOUKREK, DAVID  
Address: 1050 NW 15TH STREET  
City-St-Zip: BOCA RATON, FL 33486

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: IRA PARDO

D

02/09/2012

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

\_\_\_\_\_  
Date