

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19542

FILED
Apr 29, 2009
Secretary of State

Entity Name: CLINICAL STUDIES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4725 N FEDERAL HWY
C/O NUCLEAR MEDICINE
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11697
FT LAUDERDALE, FL 33339 US

New Mailing Address:

FEI Number: 65-0234635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAOLI, ANITA
1720 HARRISON ST
8B
HOLLYWOOD, FL 330206848 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: KOTLER, JON A M.D.
Address: 21 BAY COLONY DR
City-St-Zip: FORT LAUDERDALE, FL 333082001

Title: STD () Delete
Name: PAOZI, ANITA ESQ
Address: 1720 HARRISON ST STE 8B
City-St-Zip: HOLLYWOOD, FL 330206848

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JON A. KOTLER

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date