

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19542

FILED
Apr 20, 2010
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:

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

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
Name: KOTLER, JON A M.D.
Address: 21 BAY COLONY DR
City-St-Zip: FORT LAUDERDALE, FL 333082001

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

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: ANITA PAOLI

STD

04/20/2010

Electronic Signature of Signing Officer or Director

Date