

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19542

FILED  
Apr 25, 2011  
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

**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: JON KOTLER MD

PRES

04/25/2011

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

\_\_\_\_\_ Date