

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V41897

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** CLINICAL & FORENSIC INSTITUTE, INC.

**Current Principal Place of Business:**

4801 S. UNIVERSITY DR.  
301-EAST  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

4801 S. UNIVERSITY DR.  
301-EAST  
DAVIE, FL 33328

**New Mailing Address:**

**FEI Number:** 65-0338493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUTTS, LORI J  
4801 S. UNIVERSITY DR  
#301-EAST  
DAVIE, FL 33328 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:** DR.  
**Name:** BUTTS, LORI J  
**Address:** 4801 SOUTH UNIVERSITY DRIVE, SUITE 301-E  
**City-St-Zip:** DAVIE, FL 33328

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:** LORI J. BUTTS

DR

01/08/2010

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

\_\_\_\_\_  
Date