

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000116414

**FILED  
Jan 26, 2013  
Secretary of State  
CC0350412571**

**Entity Name:** CLINICAL RESEARCH OF GREATER MIAMI, INC.

**Current Principal Place of Business:**

1221 71ST STREET  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

PO BOX 565361  
MIAMI, FL 33256 US

**FEI Number:** 20-5697260

**Certificate of Status Desired:** No

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

ROSEN, KAREN Z  
299 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33141 US

*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

**Officer/Director Detail :**

Title            D  
Name            ROSEN, JEFFREY B  
Address        275 ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES FL 33134

Title            DP  
Name            ROSEN, JEFFERY  
Address        275 ALHAMBRA CIR  
City-State-Zip: CORAL GABLES FL 33134

Title            S  
Name            ROSEN, KAREN  
Address        299 ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES FL 33141

*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:** KAREN ROSEN

**SECRETARY**

**01/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date