

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000004641

**Entity Name:** PIEDMONT CLINICAL TRIALS, INC.

**Current Principal Place of Business:**

1065 N.E. 125TH STREET  
SUITE 417  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

1065 N.E. 125TH STREET  
SUITE 417  
NORTH MIAMI, FL 33161 US

**FEI Number:** 26-1737669

**Certificate of Status Desired:** No

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

SEGAL INSTITUTE FOR CLINICAL RESEARCH  
1065 N.E. 125TH STREET  
SUITE 417  
NORTH MIAMI, FL 33161 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            P  
Name            SEGAL, SCOTT  
Address        1065 N.E. 125TH STREET SUITE 417  
City-State-Zip: NORTH MIAMI FL 33161

Title            VP  
Name            SEGAL, BONNIE  
Address        1065 N.E. 125TH STREET SUITE 417  
City-State-Zip: NORTH MIAMI FL 33161

*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:** BONNIE SEGAL

VP

02/06/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date