

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000009325

Entity Name: TRIQUEST CLINICAL RESEARCH INC.

Current Principal Place of Business:

3956 TOWN CENTER BLVD.
SUITE 417
ORLANDO, FL 32837

Current Mailing Address:

3956 TOWN CENTER BLVD.
SUITE 417
ORLANDO, FL 32837 US

FEI Number: 27-2154764

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVERA, MICHAEL T
3956 TOWN CENTER BLVD.
SUITE 417
ORLANDO, FL 32837 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 PTD
Name RIVERA, MICHAEL T
Address 3956 TOWN CENTER BLVD.
 SUITE 417
City-State-Zip: ORLANDO FL 32837

Title VPSD
Name RIVERA, TRACY L
Address 3956 TOWN CENTER BLVD.
 SUITE 417
City-State-Zip: ORLANDO FL 32837

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: MICHAEL RIVERA

PRESIDENT

02/18/2013

Electronic Signature of Signing Officer/Director Detail

Date