

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000011922

Entity Name: PHARMA CARE RESEARCH INC**Current Principal Place of Business:**14505 COMMERCE WAY
SUITE 426
MIAMI, FL 33016**Current Mailing Address:**14505 COMMERCE WAY
SUITE 426
MIAMI, FL 33016 US**FEI Number:** 27-1874772**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BRUNET, JULIO A
14505 COMMERCE WAY
SUITE 426
MIAMI, FL 33016 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:** JULIO A. BRUNET

01/31/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name CLINICAL RESEARCH MANAGEMENT SERVICES CORP
Address 14505 COMMERCE WAY SUITE 426
City-State-Zip: MIAMI FL 33016

Title PRESIDENT
Name BRUNET, JULIO A
Address 14505 COMMERCE WAY SUITE 426
City-State-Zip: MIAMI FL 33016

Title VP
Name TOLEDO, AYMEE
Address 14505 COMMERCE WAY SUITE 426
City-State-Zip: MIAMI FL 33016

Title VP
Name PEREZ, ISMELY
Address 14505 COMMERCE WAY SUITE 426
City-State-Zip: MIAMI FL 33016

Title VP
Name TOLEDO, LUIS I
Address 14505 COMMERCE WAY SUITE 426
City-State-Zip: MIAMI FL 33016

Title TREASURER
Name TOLEDO, AZANELLY
Address 14505 COMMERCE WAY SUITE 426
City-State-Zip: MIAMI FL 33016

Title SECRETARY
Name TOLEDO, SUNELLY
Address 14505 COMMERCE WAY SUITE 426
City-State-Zip: MIAMI FL 33016

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: JULIO A. BRUNET

PRESIDENT

01/31/2014

Electronic Signature of Signing Officer/Director Detail

Date