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

Electronic Signature of Signing Officer/Director Detail

Entity Name: INNOVATIVE CLINICAL RESEARCH, INC.

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

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

Current Mailing Address:

DOCUMENT# P10000018206

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

FEI Number: 27-2002917

Name and Address of Current Registered Agent:

SEGAL, BONNIE 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

Officer/Director Detail :

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

FILED Mar 09, 2015 Secretary of State CC8510662015

Certificate of Status Desired: No

03/09/2015

VICE PRESIDENT

Date

Date