#### 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. VICE PRESIDENT SIGNATURE: BONNIE SEGAL

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

Electronic Signature of Signing Officer/Director Detail

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000018206

Entity Name: INNOVATIVE CLINICAL RESEARCH, INC.

# **Current Principal Place of Business:**

7481 WEST OAKLAND PARK BLVD SUITE 205 LAUDERHILL, FL 33319

### **Current Mailing Address:**

1065 N.E. 125TH STREET SUITE 221 NORTH MIAMI, FL 33161 US

#### FEI Number: 27-2002917

# Name and Address of Current Registered Agent:

SEGAL, BONNIE 1065 N.E. 125TH STREET SUITE 221 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 :
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Title	P	Title	VP
Name	SEGAL, SCOTT	Name	SEGAL, BONNIE
Address	1065 N.E. 125TH STREET SUITE 221	Address	1065 N.E. 125TH STREET SUITE 221
City-State-Zip:	NORTH MIAMI FL 33161	City-State-Zip:	NORTH MIAMI FL 33161

Certificate of Status Desired: No

05/09/2019

FILED May 09, 2019 Secretary of State 1377105319CC

Date

Date