## 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000044297

Entity Name: NEWPHASE CLINICAL TRIALS, CORP.

**Current Principal Place of Business:** 

333 WEST 41 STREET 410

MIAMI BEACH, FL 33140

**Current Mailing Address:** 

333 WEST 41 STREET 410

MIAMI BEACH, FL 33140

FEI Number: 45-2155435 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, AARON D 333 WEST 41 ST., STE 410 MIAMI BEACH, FL 33140 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

**FILED** Apr 15, 2025

**Secretary of State** 

2118622671CC

Officer/Director Detail:

Title Title

JONES, AARON D JONES, SYDNEY M Name Name

Address 333 W 41 ST. Address 333 W 41 ST. SUITE 410

SUITE 410

MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 City-State-Zip: City-State-Zip:

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.

Ρ

Electronic Signature of Signing Officer/Director Detail