

**2018 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

**Officer/Director Detail :**

Title P  
Name GONZALEZ, LOURDES R  
Address 1800 NE 114 ST  
City-State-Zip: MIAMI FL 33181

Title V  
Name JONES, AARON D  
Address 1800 NE 114 ST  
City-State-Zip: MIAMI FL 33181

Title S  
Name JONES, SYDNEY M  
Address 1800 NE 114 ST  
City-State-Zip: MIAMI FL 33181

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:** LOURDES R GONZALEZ

**PRESIDENT**

**04/10/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date