## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000044297

Entity Name: NEWPHASE CLINICAL TRIALS, CORP.

ILLY Name. NEWPHASE CLINICAL TRIALS, CC

**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 13, 2016

**Secretary of State** 

CC4976561634

Officer/Director Detail:

Title P Title V

 Name
 GONZALEZ, LOURDES R
 Name
 JONES, AARON D

 Address
 1800 NE 114 ST
 Address
 1800 NE 114 ST

 City-State-Zip:
 MIAMI FL 33181
 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** 

04/13/2016

Electronic Signature of Signing Officer/Director Detail

Date