

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000041767

**Entity Name:** SUNCOAST CLINICAL RESEARCH, INC.

**Current Principal Place of Business:**

5604 GULF DR.  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5604 GULF DR.  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 59-3510157

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SELK, JENNIFER  
5604 GULF DRIVE  
NEW PORT RICHEY, FL 34652 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 PSD  
Name MANNING, BARBARA J  
Address 6244 SPOONBILL DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34652

Title VTD  
Name SELK, JENNIFER M  
Address 6351 GARLAND COURT  
City-State-Zip: NEW PORT RICHEY FL 34652

*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:** JENNIFER SELK

**VICE PRESIDENT**

**03/12/2013**

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

\_\_\_\_\_  
Date