

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029897

Entity Name: RASF CLINICAL RESEARCH, INC.**Current Principal Place of Business:**1050 NW 15TH STREET
212A
BOCA RATON, FL 33486**Current Mailing Address:**1050 NW 15TH STREET
212A
BOCA RATON, FL 33486**FEI Number:** 65-0920331**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DELUCA, ANNETTE
210 SE MIZNER BLVD
#110
BOCA RATON, FL 33432 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	V
Name	FORSTOT, JOSEPH Z
Address	1050 NW 15TH STREET
City-State-Zip:	BOCA RATON FL 33486

Title	T
Name	BACA, SHAWN
Address	1050 NW 15TH STREET
City-State-Zip:	BOCA RATON FL 33486

Title	S
Name	ALBOUKREK, DAVID
Address	1050 NW 15TH STREET
City-State-Zip:	BOCA RATON FL 33486

Title	P
Name	PARDO, IRA
Address	1050 NW 15TH STREET
City-State-Zip:	BOCA RATON FL 33486

Title	D
Name	ULLRICH, KOREY
Address	1050 NW 15TH ST 212A
City-State-Zip:	BOCA RATON FL 33486

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: SHAWN BACA

T

03/01/2016

Electronic Signature of Signing Officer/Director Detail_____
Date