

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000003133

Entity Name: CLINICAL RESEARCH ADVANTAGE, INC.**Current Principal Place of Business:**2141 EAST BROADWAY ROAD, SUITE 120
TEMPE, AZ 85282**Current Mailing Address:**2141 EAST BROADWAY ROAD, SUITE 120
TEMPE, AZ 85282 US**FEI Number:** 94-3150948**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301 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 VP, SECRETARY
Name SMITH, CRAIG
Address 2141 EAST BROADWAY ROAD, SUITE 120
City-State-Zip: TEMPE AZ 85282

Title VP, FINANCE
Name MCCUTCHEON, THERESA
Address 929 NORTH FRONT STREET
City-State-Zip: WILMINGTON NC 28401

Title DIRECTOR
Name SMITH, ROGER
Address 2141 EAST BROADWAY ROAD, SUITE 120
City-State-Zip: TEMPE AZ 85282

Title CFO
Name RAJU, PRAMOD
Address 929 NORTH FRONT ST.
City-State-Zip: WILMINGTON NC 28401

Title PRESIDENT
Name SMITH, ROGER
Address 2141 EAST BROADWAY ROAD, SUITE 120
City-State-Zip: TEMPE AZ 85282

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: CRAIG SMITH**SECRETARY****04/24/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date