

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003133

**Entity Name:** CLINICAL RESEARCH ADVANTAGE, INC.**Current Principal Place of Business:**2141 EAST BROADWAY ROAD, SUITE 110  
TEMPE, AZ 85282**Current Mailing Address:**2141 EAST BROADWAY ROAD, SUITE 110  
TEMPE, AZ 85282**FEI Number:** 94-3150948**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	C
Name	HANLEY, MARK
Address	2141 EAST BROADWAY ROAD, SUITE 110
City-State-Zip:	TEMPE AZ 85282

Title	VC/P
Name	BRUGGEMAN, DAVID
Address	2141 EAST BROADWAY ROAD, SUITE 110
City-State-Zip:	TEMPE AZ 85282

Title	D
Name	CIFELLI, PAUL
Address	521 FIFTH AVENUE, 34TH FLOOR
City-State-Zip:	NEW YORK NY 10175

Title	D
Name	MICHALIK, CHRISTIAN
Address	521 FIFTH AVENUE, 34TH FLOOR
City-State-Zip:	NEW YORK NY 10175

Title	T
Name	SMITH, CRAIG
Address	2141 EAST BROADWAY ROAD, SUITE 110
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****CFO****01/13/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date