

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003133

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC0999090831**

**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:**

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 120  
City-State-Zip: TEMPE AZ 85282

Title VC/P  
Name BRUGGEMAN, DAVID  
Address 2141 EAST BROADWAY ROAD, SUITE 120  
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 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**

**CFO**

**04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date