

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003133

**FILED**  
**Apr 24, 2019**  
**Secretary of State**  
**7637393858CC**

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

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

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

Title DIRECTOR  
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