

s Rule Sign Strate Tilling Multiplanting 2019 August 2019 Date: 4/9/2019 11:40:00 AM

**Department of State - Business Services Division** 

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

CORPORATION OF STATE

2019 APR -9 AM 11: 36

1 Entity ID Number	2. Exact nan	me of the Corporation	on				
000159174		ied Clinical Se					
Principal Office Address			City		State	Zip	
5220 Belfort RD STE 130			Jacksonvill	/le	FL	32256	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
541611	l l	fice Management S					
5. State of Incorporation	—		20111000				
Delaware							
7. List ALL officers (names an	nd addresses)			Check	the box to ind	icate an attachment	
President Name David Bassin	1		Vice-President	it Name	MIQ 22 .	Conc an oncoming	
Street Address 5220 Belfort RI	Street Address	s					
City Jacksonville	State FL	Z <sub>1</sub> p 32256	City		State	Zip	
Secretary Name Keith Koford			Treasurer Nan	Treasurer Name Allan Woodward			
Street Address 5220 Belfort RD STE 130				s 5220 Belfort RD S			
City Jacksonville	State FL	Zip 32256	City Jacksonville		State FL	Zip 32256	
8 List ALL directors (names a	and addresses)					icate an attachment	
Director Name David Bassin			Director Name	)	the box to me.	Cate an attachment L	
Street Address 5220 Belfort RD STE 130			Street Address	Street Address			
City Jacksonville	State FL	Zip 32256	City		State	Zip	
Director Name			Director Name	Director Name			
Street Address			Street Address	<u> </u>			
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Iss	sued	Check	the hox to indi	cate an attachment	
This information is currently of	record in the	NUMBER OF		CLASS/SERIFS		PAR VALUE	
Department of State.  Changes require an additional fi	€1:	10000		COMMON		1.00	
Changes require an additional fi	_						
11. This report must be execut	ted on behalf of the	corporation by an a	authorized repres	entative. If the corpo	pration is in the	hands of a receiver or	
<u>trustee, triis report must be exe</u>	ecuted on behalf of	the corporation by	the receiver or tru	rustee.			
Under penalty of perjury, I de statements, and that all state	eciare and amini d ements contained	nat i nave examini herein are true ar	ed this report, in ed correct	ncluding any accom	npanying scne	dules and	
Name of Authorized Represent	ntative	Herein are alle	U COITEGE.		Date		
Allan Woodward							
Signature of Authorized Repre							
Malin	ln	SIGN DO	CUMENTED				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 0 9 2019

FORM 630 - Revised: 10/2017