

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000003882

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA INSTITUTE FOR CLINICAL RESEARCH, LLC

**Current Principal Place of Business:**

8652 WARWICK SHORE CROSSING  
ORLANDO, FL 32829

**New Principal Place of Business:**

7200 CURRY FORD RD  
ORLANDO, FL 32822

**Current Mailing Address:**

8652 WARWICK SHORE CROSSING  
ORLANDO, FL 32829

**New Mailing Address:**

7200 CURRY FORD RD  
ORLANDO, FL 32822

FEI Number: 26-4058657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOLTUN, JEFFREY M  
557 N WYMORE RD  
STE 100  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CRUZ, HUMBERTO JR  
Address: 7200 CURRY FORD RD  
City-St-Zip: ORLANDO, FL 32822

Title: MGRM  
Name: LOPEZ, MARIA C  
Address: 1724 WINDING OAKS DR  
City-St-Zip: ORLANDO, FL 32825

Title: MGR  
Name: MORAGUEZ, LELANIE  
Address: 3824 DONNA LYNN LANE  
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIA LOPEZ

MGMR

02/09/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date