

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000060610

Entity Name: SHAND CLINICAL RESEARCH CONSULTING, LLC

Current Principal Place of Business:

212 ARBOR DRIVE WEST
PALM HARBOR, FL 34683

Current Mailing Address:

212 ARBOR DRIVE WEST
PALM HARBOR, FL 34683

FEI Number: 45-2391651

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

O'CONNOR, PATRICK MESQ.
C/O O'CONNOR & ASSOCIATES
1250 SOUTH BELCHER ROAD, SUITE 160
LARGO, FL 33771 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

Authorized Person(s) Detail :

Title MGR
Name SHAND, GAIL W
Address 212 ARBOR DRIVE WEST
City-State-Zip: PALM HARBOR FL 34683

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GAIL SHAND _____

MANAGER/PRESIDENT

03/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date