


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Feb 27, 2004 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # A97000000866</b>					
1. Entity Name JACKSONVILLE CENTER FOR CLINICAL RESEARCH, LTD.					
Principal Place of Business 4085 UNIVERSITY BOULEVARD, SOUTH, STE 1 JACKSONVILLE, FL 32216			Mailing Address 4085 UNIVERSITY BOULEVARD, SOUTH, STE 1 JACKSONVILLE, FL 32216		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3442008	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KOREN, MICHAEL J 4085 UNIVERSITY BOULEVARD, SOUTH SUITE 1 JACKSONVILLE, FL 32216				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$213,175.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000034589		STREET ADDRESS		
NAME	JCCR GENERAL, INC.		CITY-ST-ZIP	200029794802	
STREET ADDRESS	4085 UNIVERSITY BOULEVARD, SOUTH STE 1			03/03/04--01029--015 **526.25	
CITY-ST-ZIP	JACKSONVILLE, FL 32216				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: _____			Date: 1/12/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		