

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000866</b>	
1. Entity Name <b>JACKSONVILLE CENTER FOR CLINICAL RESEARCH, LTD.</b>	
Principal Place of Business <b>4085 UNIVERSITY BOULEVARD, SOUTH, STE 1 JACKSONVILLE, FL 32216</b>	Mailing Address <b>4085 UNIVERSITY BOULEVARD, SOUTH, STE 1 JACKSONVILLE, FL 32216</b>



01042007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3442008</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KOREN, MICHAEL J  
4085 UNIVERSITY BOULEVARD, SOUTH  
SUITE 1  
JACKSONVILLE, FL 32216**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #	<b>P97000034589</b>
NAME	<b>JCCR GENERAL, INC.</b>
STREET ADDRESS	<b>4085 UNIVERSITY BOULEVARD, SOUTH STE 1</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32216</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
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U00000673645  
03/29/07-80038-009 500.00

**DO NOT WRITE  
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/15/07