

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000000866

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**

DO NOT WRITE IN THIS SPACE



03182008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-3442008

Applied For
Not Applicable

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, 2008, 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 # **P97000034589**
NAME **JCCR GENERAL, INC.**
STREET ADDRESS **4085 UNIVERSITY BOULEVARD, SOUTH STE 1**
CITY- ST- ZIP **JACKSONVILLE, FL 32216**

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04/11/08-80086-015 500.00

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IN THIS SPACE**

STAPLE CHECK HERE

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

Date

Daytime Phone #