2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000000866

Entity Name: JACKSONVILLE CENTER FOR CLINICAL RESEARCH, LTD.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4085 UNIVERSITY BOULEVARD, SOUTH, STE 1 4085 UNIVERSITY BOULEVARD SOUTH JACKSONVILLE, FL 32216

SUITE 1 JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

4085 UNIVERSITY BOULEVARD, SOUTH, STE 1 4085 UNIVERSITY BOULEVARD SOUTH

JACKSONVILLE, FL 32216 SUITE 1

JACKSONVILLE, FL 32216

FEI Number: 59-3442008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KOREN, MICHAEL J KOREN, MICHAEL J

4085 UNIVERSITY BOULEVARD, SOUTH 4085 UNIVERSITY BOULEVARD SOUTH

SUITE 1 SUITE 1 JACKSONVILLE, FL 32216 US

JACKSONVILLE, FL 32216 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: 03/23/2009

> Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #: P97000034589 Name: JCCR GENERAL, INC.

4085 UNIVERSITY BOULEVARD, SOUTH STE 1 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: MICHAEL J. KOREN, MD CEO 03/23/2009