


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 OCT 30 AM 8:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # A 97000000866					
1. Name of Limited Partnership JACKSONVILLE CENTER FOR CLINICAL RESEARCH, LTD					
2. Principal Office Address 4085 UNIVERSITY BLVD. S SUITE 1 Suite, Apt. #, etc. 1		3. Mailing Office Address 4085 UNIVERSITY BLVD. S. Suite, Apt. #, etc. 1		4. Date Formed or Registered To Do Business in Florida 4-17-97	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		5. FEI Number 59-3442008	
Zip 32216	Country DUVAL	Zip 32216	Country DUVAL	CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status 7a. Capital Contributions as shown on Record: 213,175 7b. Amount of Capital Contributions in FLORIDA to date: 213,175	
8. Name and Address of Current Registered Agent				FEES: 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3) Penalty Fee(s): \$500 penalty fee for each year report form is due Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
Name KOBEN, MICHAEL J.					
Street Address (P.O. Box Number is Not Acceptable) 4085 UNIVERSITY BLVD. SOUTH					
City, State, Zip Code JACKSONVILLE FL 32216					
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment)				DATE	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
10. Name(s) of General Partner(s) P97000034589 JCCR GENERAL, INC.		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4085 UNIVERSITY BLD. SOUTH, SUITE 1		City, State and Zip Code JACKSONVILLE, FL 32216 700024267437 10/30/03--01011--011 **526.25	
				10a. Registrar Document Number P97000034589	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE



10/24/03



JACKSONVILLE CENTER for CLINICAL RESEARCH

Innovations in Healthcare

2 of 2

Michael J. Koren, MD, FACC
Chief Executive Officer
Michael.Koren@jaxresearch.com

Cynthia M. Buda, RN, BSN, CCRC
Chief Operating Officer
Cynthia.Buda@jaxresearch.com

October 23, 2003

Division of Corporations
Attn: Partnership Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Document # A97000000866

Dear Sir or Madam:

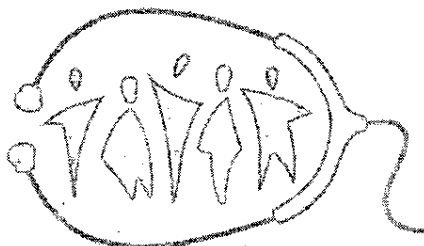
I have attached a Limited Partnership Reinstatement form for the Jacksonville Center for Clinical Research (59-3442008). This year we did not receive a Uniform Business Report Form for that company. I believe this is due to the fact that our address changed from 4004 University Boulevard South to 4085 University Boulevard South, in Jacksonville. Because these report forms seem to come at different times, the UBR's for our other companies were submitted when received, but this one was overlooked.

We apologize for any inconvenience this may have caused but feel that this was simply a delivery oversight. I explained this to one of your staff members and he advised that I should submit this letter of explanation and a check for \$526.25 to process reinstatement.

Thank you in advance for your attention to the matter. Our new mailing address is on the form: ---

Sincerely,


Joy A. Viau
Accounts Manager



KEM Plaza
4085 University Blvd. S., Suite 1
Jacksonville, FL 32216
Tel: 904-730-0101 • Fax: 904-730-0121

Lane Avenue
810 Lane Avenue South
Jacksonville, FL 32205
Tel: 904-693-1490 • Fax: 904-786-7519

St. Augustine
10 St. John's Medical Park, Suite F
St. Augustine, FL 32086
Tel: 904-794-2500 • Fax: 904-794-2207