

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90047 021 \*\*\*\*\*50.00

**DOCUMENT # L00000015150**

1. Entity Name

**ADVANCED CLINICAL RESEARCH GROUP, LLC**

Principal Place of Business

**1001 S.E. MONTEREY BLVD.  
 STUART FL 34996**

Mailing Address

**1001 S.E. MONTEREY BLVD.  
 STUART FL 34996**

2. Principal Place of Business

**1001 SE Monterey Commons Blvd**

Suite, Apt. #, etc.

**Suite 300**

City & State

**Stuart, FL**

Zip  
**34996**

Country  
**US**

3. Mailing Address

**1001 SE Monterey Commons Blvd**

Suite, Apt. #, etc.

**Suite 300**

City & State

**Stuart, FL**

Zip  
**34996**

Country  
**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1059821**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BRADLEY, A. JAMES  
 4701 SPINNAKER PT  
 STUART FL 34996**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BENNETT, NORMAN E MD 1001 S.E. MONTEREY BLVD. STUART FL 34996</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MUTSON, LAWRENCE H MD 1001 S.E. MONTEREY BLVD. STUART FL 34996</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BRADLEY, A. JAMES MD 1001 S.E. MONTEREY BLVD. STUART FL 34996</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BREUER, GABRIEL E 2503 BURNS RD PALM BEACH GARDENS FL 33410</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VILLA, AUGUSTOY E M.D 2503 BURNS RD PALM BEACH GARDENS FL 33410</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR TERRY, PAMELA S 1001 S.E. MONTEREY BLVD. STUART FL 34996</b>	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Bennett, Norman E. MD 1001 SE Monterey Commons Blvd. Suite 300 Stuart, FL 34996</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Mufson, Lawrence H. MD 1001 SE Monterey Commons Blvd. Suite 300 Stuart, FL 34996</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>General MGR Bradley, A. James MD 1001 SE Monterey Commons Blvd. Suite 300 Stuart, FL 34996</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AMGR P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Villa, Augusto E. MD 2503 Burns Rd Palm Beach Gardens, FL 33410</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Terry, Pamela S. 1001 SE Monterey Commons Blvd Suite 300 Stuart, FL 34996</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**Pamela S. Terry**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/21/02**

Date

**772-286-9400**

Daytime Phone #

CR2E083 (9/01)