


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90123 006 \*\*\*\*50.00

|   |   |                     |   |   |  |
|---|---|---------------------|---|---|--|
| <b>DOCUMENT # L00000015150</b><br>1. Entity Name<br><b>ADVANCED CLINICAL RESEARCH GROUP, LLC</b>  |   |                     |   |                                  |  |
| Principal Place of Business<br><b>1001 SE MONTEREY COMMONS BLVD.<br/>STE 300<br/>STUART, FL 34996</b>   |   |                     | Mailing Address<br><b>1001 SE MONTEREY COMMONS BLVD.<br/>STE 300<br/>STUART, FL 34996</b> |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc. |   |   |  |
| City & State  |   | City & State        |   | 4. FEI Number<br><b>65-1059821</b>  |  |
| Zip   |   | Country             |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                   |  |
| 6. Name and Address of Current Registered Agent   |   |                     |   | 7. Name and Address of New Registered Agent   |  |
| <b>BRADLEY, A. JAMES</b><br><b>4701 SPINNAKER PT</b><br><b>STUART, FL 34996</b>   |   |                     |   | Name: _____<br>Street Address (P.O. Box Number is Not Acceptable)<br>_____<br>City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.   |   |                     |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |                     |   |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2004</b>   |   |                     | <b>Make check payable to</b><br><b>Florida Department of State</b>                        |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |                     | 10. ADDITIONS/CHANGES   |   |  |
| TITLE   | MGR <input type="checkbox"/> Delete       |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | BENNETT, NORMAN E MD                      |                     | NAME  |   |  |
| STREET ADDRESS  | 1001 SE MONT COMM. BLVD STE 300           |                     | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | STUART, FL 34996                          |                     | CITY-ST-ZIP   |   |  |
| TITLE   | MGR <input type="checkbox"/> Delete       |                     | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME  | MUTSON, LAWRENCE H MD                     |                     | NAME  | <b>MUFSON, LAWRENCE H MD</b>  |  |
| STREET ADDRESS  | 1001 SE MONTEREY COMM BLVD. STE 300       |                     | STREET ADDRESS  | <b>1001 SE MONTEREY COMMONS BLVD. STE 300</b>   |  |
| CITY-ST-ZIP   | STUART, FL 34996                          |                     | CITY-ST-ZIP   | <b>STUART, FL 34996</b>   |  |
| TITLE   | MGR <input type="checkbox"/> Delete       |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | BRADLEY, A. JAMES MD                      |                     | NAME  |   |  |
| STREET ADDRESS  | <del>1001 SE MONT COMM BLVD STE 300</del> |                     | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | STUART, FL 34996                          |                     | CITY-ST-ZIP   |   |  |
| TITLE   | MGR <input type="checkbox"/> Delete       |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | BREUER, GABRIEL E                         |                     | NAME  |   |  |
| STREET ADDRESS  | 2503 BURNS RD                             |                     | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | PALM BEACH GARDENS, FL 33410              |                     | CITY-ST-ZIP   |   |  |
| TITLE   | MGR <input type="checkbox"/> Delete       |                     | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME  | VILLA, AUGUSTO M MD                       |                     | NAME  | <b>VILLA, AUGUSTO E MD</b>  |  |
| STREET ADDRESS  | 2503 BURNS RD                             |                     | STREET ADDRESS  | <b>2503 BURNS ROAD</b>  |  |
| CITY-ST-ZIP   | PALM BEACH GARDENS, FL 33410              |                     | CITY-ST-ZIP   | <b>PALM BEACH GARDENS, FL 33410</b>   |  |
| TITLE   | MGR <input type="checkbox"/> Delete       |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | TERRY, PAMELA S                           |                     | NAME  |   |  |
| STREET ADDRESS  | 1001 SE MONT. COMM. BLVD. STE 300         |                     | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | STUART, FL 34996                          |                     | CITY-ST-ZIP   |   |  |
| 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. |   |                     |   |   |  |
| <b>SIGNATURE: <i>Pamela S. Terry</i>, Pamela S. Terry</b>   |   |                     | <b>1/20/04</b> <b>772-286-9400</b>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |                     | Date Daytime Phone #  |   |  |