
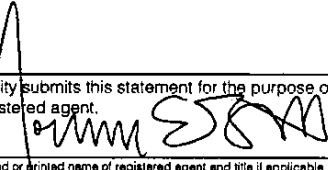
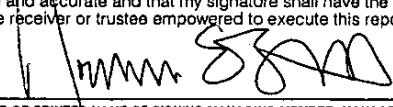


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90025 003 ****50.00

DOCUMENT # L00000015150 1. Entity Name ADVANCED CLINICAL RESEARCH GROUP, LLC					
Principal Place of Business 1001 SE MONTEREY COMMONS BLVD. STE 300 STUART, FL 34996			Mailing Address 1001 SE MONTEREY COMMONS BLVD. STE 300 STUART, FL 34996		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1059821	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 Bennett, Norman E. MD Street Address (P.O. Box Number is Not Acceptable) 2875 SE DANE DR City Stuart		
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. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENNETT, NORMAN E MD 1001 SE MONT COMM. BLVD STE 300 STUART, FL 34996	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MUFSON, LAWRENCE H MD 1001 S E MONTEREY COMM BLVD. STE 300 STUART, FL 34996	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRADLEY, A. JAMES MD 1001 SE MONT. COMM. BLVD. STE 300 STUART, FL 34996	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Berry, John F. MD 1001 SE Monterey Commons Blvd STE 300 Stuart, FL 34996		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BREUER, GABRIEL E 2503 BURNS RD PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VILLA, AUGUSTO E MD 2503 BURNS RD PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TERRY, PAMELA S 1001 SE MONT. COMM. BLVD. STE 300 STUART, FL 34996	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 1/6/05					
Daytime Phone #					