

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90031 017 ****50.00

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1. Entity Name
ADVANCED CLINICAL RESEARCH GROUP, LLC



20030034



04072006 Chg-LLC CR2E083 (11/05)

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

BENNETT, NORMAN E MD
2875 SE DUNE DR
STUART, FL 34996

7. Name and Address of New Registered Agent

Name **Villa, Augusto E. MD**

Street Address (P.O. Box Number is Not Acceptable)
530 Ocean Dr Apt 202

City **Juno Beach, FL** Zip Code **33408**

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)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENNETT, NORMAN E MD 1001 SE MONT COMM. BLVD STE 300 STUART, FL 34996	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MUFSON, LAWRENCE H MD 1001 S E MONTEREY COMM BLVD. STE 300 STUART, FL 34996	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BERRY, JOHN F MD 1001 SE MONT. COMM. BLVD. STE 300 STUART, FL 34996	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BREUER, GABRIEL E 2503 BURNS RD PALM BEACH GARDENS, FL 33410	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VILLA, AUGUSTO E MD 2503 BURNS RD PALM BEACH GARDENS, FL 33410	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TERRY, PAMELA S 1001 SE MONT. COMM. BLVD. STE 300 STUART, FL 34996	☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Arden James Bradley, III, MD 1001 SE Monterey Commons Blvd. STE 300 Stuart, FL 34996	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Joseph S. Gage, MD 1001 SE Monterey Commons Blvd. STE 300 Stuart, FL 34996	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Burton H. Greenberg 600 University Blvd. STE 200 Jupiter, FL 33458	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	600 university Blvd. STE 200 Jupiter, FL 33458	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	600 university Blvd. STE 200 Jupiter, FL 33458	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Daytime Phone #