


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000015150		
1. Entity Name ADVANCED CLINICAL RESEARCH GROUP, LLC		
Principal Place of Business	Mailing Address	
1001 SE MONTEREY COMMONS BLVD. STE 300 STUART, FL 34996	1001 SE MONTEREY COMMONS BLVD. STE 300 STUART, FL 34996	



01282008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1059821	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

VILLA, AUGUSTO E MD
530 OCEAN DR APT 202
NORTH PALM BEACH, FL 33408

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000810752
02/08/08-80078-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BRADLEY, ARDEN J III
STREET ADDRESS	1001 SE MONT COMM. BLVD STE 300
CITY-ST-ZIP	STUART, FL 34996
TITLE	MGR
NAME	GAGE, JOSEPH S MD
STREET ADDRESS	1001 S E MONTEREY COMM BLVD. STE 300
CITY-ST-ZIP	STUART, FL 34996
TITLE	MGR
NAME	GREENBERG, BURTON H
STREET ADDRESS	600 UNIVERSITY BLVD STE 200
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	MGR
NAME	BREUER, GABRIEL E
STREET ADDRESS	600 UNIVERSITY BLVD STE 200
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	MGR
NAME	VILLA, AUGUSTO E MD
STREET ADDRESS	600 UNIVERSITY BLVD STE 200
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	MGR
NAME	TERRY, PAMELA S
STREET ADDRESS	1001 SE MONT. COMM. BLVD. STE 300
CITY-ST-ZIP	STUART, FL 34996

**DO NOT WRITE
IN THIS SPACE**

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: *Augusto E. Villa*

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

Date

Daytime Phone #