

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015150

FILED
Mar 31, 2009
Secretary of State

Entity Name: ADVANCED CLINICAL RESEARCH GROUP, LLC

Current Principal Place of Business:

1001 SE MONTEREY COMMONS BLVD.
STE 300
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

1001 SE MONTEREY COMMONS BLVD.
STE 300
STUART, FL 34996

New Mailing Address:

FEI Number: 65-1059821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRADLEY, ARDEN J III
Address: 1001 SE MONT COMM. BLVD STE 300
City-St-Zip: STUART, FL 34996

Title: MGR () Delete
Name: GAGE, JOSEPH S MD
Address: 1001 S E MONTEREY COMM BLVD. STE 300
City-St-Zip: STUART, FL 34996

Title: MGR () Delete
Name: GREENBERG, BURTON H
Address: 600 UNIVERSITY BLVD STE 200
City-St-Zip: JUPITER, FL 33458

Title: MGR () Delete
Name: BREUER, GABRIEL E
Address: 600 UNIVERSITY BLVD STE 200
City-St-Zip: JUPITER, FL 33458

Title: MGR () Delete
Name: VILLA, AUGUSTO E MD
Address: 600 UNIVERSITY BLVD STE 200
City-St-Zip: JUPITER, FL 33458

Title: MGR () Delete
Name: TERRY, PAMELA S
Address: 1001 SE MONT. COMM. BLVD. STE 300
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

03/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date