

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90003 006 \*\*\*\*\*50.00

**DOCUMENT # L00000015150**

1. Entity Name

**ADVANCED CLINICAL RESEARCH GROUP, LLC**



Principal Place of Business

1001 S.E. MONTEREY BLVD.  
STE 300  
STUART FL 34996

Mailing Address

1001 S.E. MONTEREY BLVD.  
STE 300  
STUART FL 34996

2. Principal Place of Business

1001 SE Monterey Commons Blvd

Suite, Apt. #, etc.

Suite 300

City & State

Stuart, FL

Zip

34996

Country

US

3. Mailing Address

1001 SE Monterey Commons Blvd

Suite, Apt. #, etc.

Suite 300

City & State

Stuart, FL

Zip

34996

Country

US



☐ CHECK HERE IF MAKING CHANGES

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

BRADLEY, A. JAMES  
4701 SPINNAKER PT  
STUART FL 34996

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME BENNETT, NORMAN E MD ☐ Delete  
STREET ADDRESS 1001 SE MONT COMM. BLVD STE 300  
CITY-ST-ZIP STUART FL 34996

TITLE MGR  
NAME MUTSON, LAWRENCE H MD ☐ Delete  
STREET ADDRESS 1001 S E MONTEREY COMM BLVD. STE 300  
CITY-ST-ZIP STUART FL 34996

TITLE MGR  
NAME BRADLEY, A. JAMES MD ☐ Delete  
STREET ADDRESS 1001 SE MONT. COMM. BLVD. STE 300  
CITY-ST-ZIP STUART FL 34996

TITLE P  
NAME BREUER, GABRIEL E ☐ Delete  
STREET ADDRESS 2503 BURNS RD  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE MGR  
NAME VILLA, AUGUSTO M MD ☐ Delete  
STREET ADDRESS 2503 BURNS RD  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE MGR  
NAME TERRY, PAMELA S ☐ Delete  
STREET ADDRESS 1001 SE MONT. COMM. BLVD. STE 300  
CITY-ST-ZIP STUART FL 34996

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME Mutson, Lawrence H MD ☐ Change ☐ Addition  
STREET ADDRESS 1001 SE Monterey Commons, Blvd. STE 300  
CITY-ST-ZIP Stuart, FL 34996

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME Breuer, Gabriel E ☐ Change ☐ Addition  
STREET ADDRESS 2503 Burns Rd  
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE MGR  
NAME Villa, Augusto E MD ☐ Change ☐ Addition  
STREET ADDRESS 2503 Burns Rd  
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**SIGNATURE:** *Pamela S. Terry* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/28/03 772-286-9400  
Date Daytime Phone #