2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000007167

FILED Mar 10, 2005 8:00 am Secretary of State 03-10-2005 90034 027 ****50.00

1. Entity Name TRIAL SUPPORT FACILITIES OF NAPLES, LLC						
Principal Place of Business 3080 TAMIAMI TRAIL E, STE ₹30 NAPLES, FL 34112		Mailing Address 3080 TAMIAMI TRAIL E, STE 330 NAPLES, FL 34112				
2. Principal P	Place of Business	3. Mailing Address				
3080 Tamiami Trail E.		3080 Tamiami Trail E.		ı ramınest mit amine sınıt örütti öğlişi öğfil öğlişi	MITTI EN THE INDIA DISTE EN	8101 M (85)
Suite, Apt.		Suite, Apt. #, etc.		02242005 Chg-LLC C	R2E083 (10/03)	
					nzE063 (10/03)	
	s, Florida	City & State Naples, Florida		4. FEI Number 01-0691348		pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Add	
34112	6. Name and Address of Current	34112	Collier		Fee Hequire	od .
	V. Name and Address of Carrent	Hogistered Agent	Name	7. Name and Address of New Regist	ered Agent	
COLLINS,	THOMAS A II					
3080 TAMI NAPLES, I	IAMI TRAIL E FL 34112		Street Address	s (P.O. Box Number is Not Acceptable)		
			City		FL Zip Cod	le
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida.	1	and accent
the obligat	ions of registered agent.					17.12 200p.
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature requi	red when reinstating)	DATE	
Fi D:	iling Fee is \$50.00 ue by May 1, 2005				eck payable to artment of Stat	e
9.	MANAGING MEMBE	ERS/MANAGERS	10.	ADDITIONS/CHA	NGES	
TITLE	MGRM "	☐ Delete	TITLE		Change	Addition
NAME	TREISER, RICHARD M		NAME			
STREET ADDRESS CITY-ST-ZIP	3080 TAMIAMI TRAIL E NAPLES, FL 34112		STREET ADORESS CITY-ST-ZIP			
	NAPLES, PL 34112					
TITLE NAME		☐ Delete	TITLE NAME		Change	Addition
STREET ADDRESS .			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	Addition :
NAME			NAME			
STREET ADORESS			STREET ADDRESS			
CITY+ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE					Channe	ET Addition
NAME		☐ Defete	TITLE NAME		☐ Change	Addition
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			}
CITY-ST-ZIP			CITY-ST-ZIP			
 11. I hereby of indicated 	certify that the information supplied with on this report is true and accurate and	h this filing does not qualify for I that my signature shall have t	the exemption stated in the same legal effect as it.	Section 119.07(3)(i), Florida Statutes. I furth Hynade under oath; that I am a managing n apter 608, Flyrida Statutes.	er certify that the intermediate	nformation ar of the
limited tia	bility company or the eceiver or truste	e empowered to execute his r	eport as required by The	,		グー
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SIGNAT	URE:	ees of the	10	responde Theyla	15 04	7- 4.70