

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039633

**FILED**  
**Jan 15, 2012**  
**Secretary of State**

**Entity Name:** CLINICAL RESEARCH ADVANTAGE, LLC

**Current Principal Place of Business:**

3805 SW 6TH PLACE  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

3805 SW 6TH PLACE  
GAINESVILLE, FL 32607 US

**Current Mailing Address:**

3805 SW 6TH PLACE  
GAINESVILLE, FL 32607 US

**New Mailing Address:**

**FEI Number:** 16-1686520      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDERSON, TASHA N  
3805 SW 6TH PLACE  
GAINESVILLE, FL 32607 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:** MGRM  
**Name:** ANDERSON, TASHA N  
**Address:** 3805 SW 6TH PLACE  
**City-St-Zip:** GAINESVILLE, FL 32607 US

I hereby 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: TASHA N. ANDERSON      MGRM      01/15/2012

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