

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90596 033 \*\*\*\*50.00

20020523



01102005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000016087</b> 1. Entity Name <b>STEDMAN CLINICAL TRIALS, L.L.C.</b>					
Principal Place of Business <b>8937 MAGNOLIA CHASE CIRCLE TAMPA, FL 33647</b>			Mailing Address <b>8937 MAGNOLIA CHASE CIRCLE TAMPA, FL 33647</b>		
2. Principal Place of Business <b>3212 Cove Bend Drive</b>		3. Mailing Address  			
Suite, Apt. #, etc.  		Suite, Apt. #, etc.  			
City & State <b>Tampa, FL</b>		City & State  			
Zip <b>33613</b>	Country <b>USA</b>	Zip  	Country  		
4. FEI Number <b>05-0596771</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>MARY STEDMAN RABBOTTINI 8937 MAGNOLIA CHASE CIRCLE TAMPA, FL 33647</b>			7. Name and Address of New Registered Agent Name <b>David M. Rabbottini</b> Street Address (P.O. Box Number is Not Acceptable) <b>8937 Magnolia Chase Circle</b>  City <b>Tampa</b> <b>FL</b> Zip Code <b>33647</b>		
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 <b>David M. Rabbottini, Office Manager</b> <span style="float: right;">2/6/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Rabbottini, Mary S. 8937 Magnolia Chase Circle Tampa, FL 33647</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Rabbottini, David M. 8937 Magnolia Chase Circle Tampa, FL 33647</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>David M. Rabbottini</b>			Date <b>2/6/05</b>		Daytime Phone # <b>813-971-8311</b>