

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045749

FILED
Apr 14, 2009
Secretary of State

Entity Name: EMERALD COAST CLINICAL RESEARCH LLC

Current Principal Place of Business:

4400 BAYOU BLVD
SUITE 20
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD
SUITE 20
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 41-2140541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, FRANK R
6540 CHULA VISTA
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

MURPHY, FRANK R
4400 BAYOU BLVD.,
20
PENSACOLA, FL 32503 US

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: FRANK R MURPHY

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MURPHY, FRANK R
Address: 6540 CHULA VISTA
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM () Delete
Name: MURPHY, RENEE C
Address: 6540 CHULA VISTA
City-St-Zip: PENSACOLA, FL 32504 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MURPHY, FRANK R
Address: 4400 BAYOU BLVD., # 20
City-St-Zip: PENSACOLA, FL 32503 US

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: FRANK R MURPHY

MGMR

04/14/2009

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