

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000045749

**FILED**  
**Feb 16, 2010**  
**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  
4400 BAYOU BLVD.,  
# 20  
PENSACOLA, FL 32503 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:** MURPHY, FRANK R  
**Address:** 4400 BAYOU BLVD., # 20  
**City-St-Zip:** PENSACOLA, FL 32503 US

**Title:** MGRM  
**Name:** MURPHY, RENEE C MURPHY  
**Address:** 6540 CHULA VISTA  
**City-St-Zip:** PENSACOLA, FL 32504 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:** FRANK R MURPHY

MGRM

02/16/2010

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