
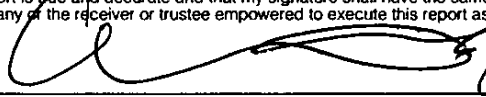


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90102 036 ****55.00

DOCUMENT # L04000076279 1. Entity Name FLORIDA CLINICAL RESEARCH CENTER, LLC					
Principal Place of Business 2020 26TH AVE. EAST BRADENTON, FL 34208			Mailing Address 2020 26TH AVE. EAST BRADENTON, FL 34208		
2. Principal Place of Business 3914 State Road 64 E Suite, Apt. #, etc.		3. Mailing Address 3914 State Road 64 E Suite, Apt. #, etc.			
City & State Bradenton, FL Zip Country 34208 USA		City & State Bradenton, FL Zip Country 34208 USA		4. FEI Number 20-1792121	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CUTLER, ANDREW J MD 372 LAKEVIEW STREET ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name CUTLER, ANDREW J. MD Street Address (P.O. Box Number is Not Acceptable) 3914 State Road 64 East City Bradenton FL Zip Code 34208		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUTLER, ANDREW J M.D. 372 LAKEVIEW STREET ORLANDO, FL 32804	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: 		Date 2/11/05		Daytime Phone # 941-747-7900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					