

L040000076279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

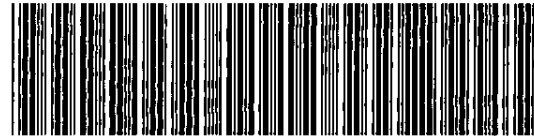
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TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

NOV 21 2011

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Clinical Research Center, LLC
Name of Corporation

DOCUMENT NUMBER: L04000076279

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charlotte Vaughn

Name of Contact Person

Florida Clinical Research Center, LLC

Firm/Company

8043 Cooper Creek Blvd., Suite 107

Address

Bradenton, FL 34201

City/State and Zip Code

cvaughn@flcrc.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Charlotte Vaughn

Name of Contact Person

at (

941)

747-7900

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Florida Clinical Research Center, LLC

2. (a) Principal office address of limited liability company: 2300 Maitland Center Pkwy.

(Note: **MUST BE STREET ADDRESS**)

#230

Maitland, FL 32751

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

10/20/04

3. Date of filing/registration in Florida

L04000076279

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Andrew J. Cutler

Registered Office Address:

3914 S.R. 64 East

Bradenton, FL

34208

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: _____

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

8043 Cooper Creek Blvd.

Suite 107

Bradenton, FL 34201

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Andrew J. Cutler

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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NOV 18 AM 8:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE