

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000076279

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA CLINICAL RESEARCH CENTER, LLC

**Current Principal Place of Business:**

2300 MAITLAND CENTER PARKWAY  
SUITE 230  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

2300 MAITLAND CENTER PARKWAY  
SUITE 230  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 20-1792121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CUTLER, ANDREW J MD  
8043 COOPER CREEK BLVD  
SUITE 107  
BRADENTON, FL 34208 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: MGR  
Name: CUTLER, ANDREW J M.D.  
Address: 8318 CURLEW COURT  
City-St-Zip: BRADENTON, FL 34202

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: ANDREW J CUTLER, MD

MGR

01/04/2012

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