

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077609

FILED  
Sep 07, 2005  
Secretary of State

**Entity Name:** CLINICAL RESEARCH CONCEPTS, LLC

**Current Principal Place of Business:**

3929 S.W. 92ND TERRACE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

3929 S.W. 92ND TERRACE  
GAINESVILLE, FL 32608

**New Mailing Address:**

**FEI Number:** 27-0111176      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WOODHOUSE, CHARLES F ESQ  
224 NE 10TH AVE.  
GAINESVILLE, FL 32601      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MD ( ) Change (X) Addition  
Name: PAPA RICCI, LINDA MD  
Address: 3929 SW 92ND TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA PAPA RICCI

MD

09/07/2005

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