

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077609

FILED
May 06, 2007
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: MD () Delete
Name: PAPA RICCI, LINDA MD
Address: 3929 SW 92ND TERRACE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

05/06/2007

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