2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2005
Secretary of State

DOCUMENT# L04000091677

Entity Name: GULF COAST CENTER FOR CLINICAL RESEARCH, LLC

Current Principal Place of Business:

698 BRENT LANE
PENSACOLA, FL 32503

New Principal Place of Business:

1717 NORTH E STREET
SUITE 532
PENSACOLA, FL 32501 US

Current Mailing Address:

698 BRENT LANE
PENSACOLA, FL 32503

New Mailing Address:

698 BRENT LANE
PENSACOLA, FL 32503 US

FEI Number: 20-2045957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEGGS & LANE, RLLP
501 COMMENDENCIA STREET
PENSACOLA, FL 32502 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/MEMBERS:

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

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

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

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: BUCHALTER, JEFF L M.D.
Address: 698 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503 US

Title: MGRM ( ) Change (X) Addition
Name: FAIRLEIGH, DAVID E M.D.
Address: 698 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503 US

Title: MGRM ( ) Change (X) Addition
Name: TABOR, ANNE
Address: 698 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503 US

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: DAVID E. FAIRLEIGH, MD MGRM 04/01/2005

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