2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000004935

1. Entity Name
AVANCIA CLINICAL RESEARCH LLC

Principal Place of Business	Mailing Address
9480 NW 10TH STREET PLANTATION, FL 33322 US	9480 NW 10TH STREET PLANTATION, FL 33322 US

DO NOT WRITE IN THIS SPACE

04032007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-2182111	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BUSCH, KAREN
9480 NW 10TH STREET
PLANTATION, FL 33322

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BUSCH, KAREN
STREET ADDRESS	9480 NW 10TH STREET
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _Karen Busch_   4-17-07   954-240-2976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #