

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000042345

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** LEUGERS CLINICAL RESEARCH, L.L.C.

**Current Principal Place of Business:**

10070 VALIANT COURT, STE. 101  
MIROMAR LAKES, FL 33913

**New Principal Place of Business:**

10070 VALIANT COURT  
APT #101  
MIROMAR LAKES, FL 33913

**Current Mailing Address:**

10070 VALIANT COURT, STE. 101  
MIROMAR LAKES, FL 33913

**New Mailing Address:**

10070 VALIANT COURT  
APT #101  
MIROMAR LAKES, FL 33913

**FEI Number:** 56-2511928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MORRISON, WILLIAM H  
7100 SOUTH U.S. HIGHWAY 17-92  
FERN PARK, FL 32730 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:** LEUGERS, CLAIRE L  
**Address:** 10070 VALIANT COURT, STE. 101  
**City-St-Zip:** MIROMAR LAKES, FL 33913

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:** CLAIRE L. LEUGERS

MGR

01/04/2011

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