

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086176

FILED  
Jan 20, 2006  
Secretary of State

**Entity Name:** TALLAHASSEE CLINICAL RESEARCH ASSOCIATES, LLC

**Current Principal Place of Business:**

2048 CENTRE POINTE LANE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2048 CENTRE POINTE LANE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEBSTER, JOSEPH L SR, MD  
2048 CENTRE POINTE LANE  
TALLAHASSEE, FL 32308 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: D ( ) Delete  
Name: WEBSTER, JOSEPH SR  
Address: 2048 CENTRE POINTE LANE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: MOORE, ISAAC  
Address: 2160 CAPITAL CIRCLE NE  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: SAUNDERS-JONES, REMELDA  
Address: 2160 CAPITAL CIRCLE NE  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: BRICKLER-HART, CELESTE  
Address: 1705 S. ADAMS STREET  
City-St-Zip: TALLAHASSEE, FL

**ADDITIONS/CHANGES:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: THADDEUS HILL

COO

01/20/2006

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