


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90179 030 *****50.00

DOCUMENT # L05000105697	
1. Entity Name NATURE COAST CLINICAL RESEARCH, LLC	

Principal Place of Business 411 W. HIGHLAND BLVD INVERNESS, FL 34450	Mailing Address 4085 UNIVERSITY BLVD S SUITE 1 JACKSONVILLE, FL 32216
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20011361

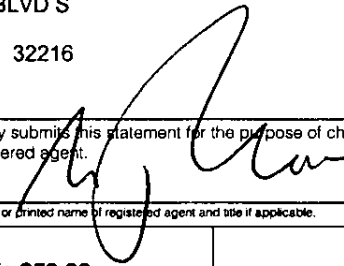
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3612017	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent JACKSONVILLE CENTER FOR CLINICAL RESEARCH 4085 UNIVERSITY BLVD S SUITE 1 JACKSONVILLE, FL 32216	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.

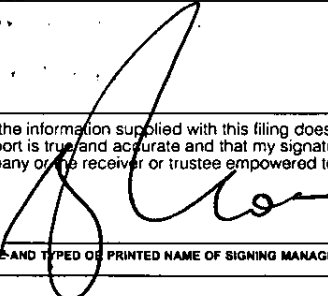
SIGNATURE  DATE 2/22/06

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

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKSONVILLE CENTER FOR CLINICAL RESEARCH 4085 UNIVERSITY BLVD S, SUITE 1 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KOREN, MICHAEL J MD 4085 UNIVERSITY BLVD S, SUITE 1 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN, ROWDA MD 411 W HIGHLAND BLVD INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

SIGNATURE:  DATE 2/22/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE