



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000105697</b> 1. Entity Name NATURE COAST CLINICAL RESEARCH, LLC	
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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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<b>DO NOT WRITE IN THIS SPACE</b>	 01042007 No 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
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6. Name and Address of Current Registered Agent  JACKSONVILLE CENTER FOR CLINICAL RESEARCH 4085 UNIVERSITY BLVD S SUITE 1 JACKSONVILLE, FL 32216
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<b>DO NOT WRITE IN THIS SPACE</b>
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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.

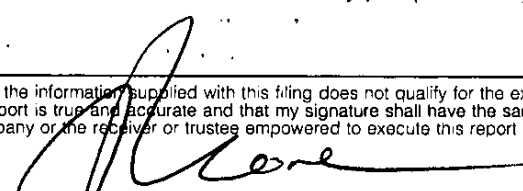
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee Is \$50.00 Due by May 1, 2007</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JACKSONVILLE CENTER FOR CLINICAL RESEARCH 4085 UNIVERSITY BLVD S, SUITE 1 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO KOREN, MICHAEL J MD 4085 UNIVERSITY BLVD S, SUITE 1 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHN, ROWDA MD 411 W HIGHLAND BLVD INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000674129 03/29/07-80055-024 50.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	14 MAR 07 <small>Date</small>	<small>Daytime Phone #</small>
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