

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105697

FILED
Mar 23, 2009
Secretary of State

Entity Name: NATURE COAST CLINICAL RESEARCH, LLC

Current Principal Place of Business:

210 A PINW AVE
INVERNESS, FL 34450

New Principal Place of Business:

212 S PINE AVE
INVERNESS, FL 34452 US

Current Mailing Address:

4085 UNIVERSITY BLVD S
SUITE 1
JACKSONVILLE, FL 32216

New Mailing Address:

4085 UNIVERSITY BLVD S
SUITE 1
JACKSONVILLE, FL 32216 US

FEI Number: 20-3612017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSONVILLE CENTER FOR CLINICAL RESEARCH
4085 UNIVERSITY BLVD S
SUITE 1
JACKSONVILLE, FL 32216 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: MGRM () Delete
Name: JACKSONVILLE CENTER FOR CLINICAL RESEARCH
Address: 4085 UNIVERSITY BLVD S, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32216

Title: CEO () Delete
Name: KOREN, MICHAEL J MD
Address: 4085 UNIVERSITY BLVD S, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: JOHN, ROWDA MD
Address: 210 S PINE AVE
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JACKSONVILLE CENTER FOR CLINICAL RESEARCH
Address: 4085 UNIVERSITY BLVD S, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: CEO (X) Change () Addition
Name: KOREN, MICHAEL J MD
Address: 4085 UNIVERSITY BLVD S, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGRM (X) Change () Addition
Name: ROWDA, JOHN DO
Address: 212 S PINE AVE
City-St-Zip: INVERNESS, FL 34452 US

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL J. KOREN, MD

CEO

03/23/2009

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