

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 03, 2010
Secretary of State

Entity Name: NATURE COAST CLINICAL RESEARCH, LLC

Current Principal Place of Business:

212 S PINE AVE
INVERNESS, FL 34452 US

New Principal Place of Business:

Current Mailing Address:

4085 UNIVERSITY BLVD S
SUITE 1
JACKSONVILLE, FL 32216 US

New Mailing Address:

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

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

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

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: MICHAEL J. KOREN

CEO

03/03/2010

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