

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114774

FILED
Apr 04, 2009
Secretary of State

Entity Name: ACCESS CLINICAL RESEARCH, LLC

Current Principal Place of Business:

100 NW 170 STREET
405
NORTH MIAMI BEACH, FL 33169

New Principal Place of Business:

Current Mailing Address:

100 NW 170 STREET
405
NORTH MIAMI BEACH, FL 33169

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ADDICOTT, SARI T
900 NORTH FEDERAL HWY
201
HALLANDALE BEACH, FL 33009 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: WILLIAMS, HAROLD
Address: 100 NW 170 STREET/SUITE 405
City-St-Zip: NORTH MIAMI BEACH, FL 33169

ADDITIONS/CHANGES:

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

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: HAROLD S. WILLIAMS MGRM 04/04/2009

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