

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013886

FILED
Apr 15, 2007
Secretary of State

Entity Name: SOUTHEAST CLINICAL RESEARCH AT JACKSONVILLE, LLC

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY
SUITE 2503
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6817 SOUTHPOINT PARKWAY
SUITE 2503
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 84-1703803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIPSON, LAFONDA E
625 W UNION ST
SUITE 3
JACKSONVILLE, FL 32202 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: JOHNSON, KAREN
Address: 853 PEPPERVINE AVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: PARROTT, TAMMY
Address: 826 NE 592ND ST
City-St-Zip: OLD TOWN, FL 32680

Title: MGRM () Delete
Name: BRULTE, SUZANNE
Address: 1108 BIMINI RD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN A. JOHNSON

MGRM

04/15/2007

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