

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013886

FILED
Feb 02, 2009
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:

6817 SOUTHPOINT PARKWAY
SUITE 902
JACKSONVILLE, FL 32216

Current Mailing Address:

6817 SOUTHPOINT PARKWAY
SUITE 2503
JACKSONVILLE, FL 32216

New Mailing Address:

6817 SOUTHPOINT PARKWAY
SUITE 902
JACKSONVILLE, FL 32216

FEI Number: 84-1703803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, KAREN A MGRM
6817 SOUTHPOINT PARKWAY
2503
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

JOHNSON, KAREN A MGRM
6817 SOUTHPOINT PARKWAY
902
JACKSONVILLE, FL 32216 US

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: KAREN JOHNSON

02/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, KAREN
Address: 6817 SOUTHPOINT PARKWAY, SUITE 2503
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: PARROTT, TAMMY
Address: 304 NE 1ST STREET
City-St-Zip: CHIEFLAND, FL 32626

Title: MGRM () Delete
Name: BRULTE, SUZANNE
Address: 6817 SOUTHPOINT PARKWAY, SUITE 2503
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSON, KAREN
Address: 6817 SOUTHPOINT PARKWAY, SUITE 902
City-St-Zip: JACKSONVILLE, FL 32216

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

Title: MGRM (X) Change () Addition
Name: BRULTE, SUZANNE
Address: 6817 SOUTHPOINT PARKWAY, SUITE 902
City-St-Zip: JACKSONVILLE, FL 32216

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: KAREN JOHNSON

PRES

02/02/2009

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