

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013886

FILED
Mar 05, 2010
Secretary of State

Entity Name: SOUTHEAST CLINICAL RESEARCH AT JACKSONVILLE, LLC

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY
SUITE 902
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6817 SOUTHPOINT PARKWAY
SUITE 902
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 84-1703803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, KAREN A MGRM
6817 SOUTHPOINT PARKWAY
902
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: JOHNSON, KAREN
Address: 6817 SOUTHPOINT PARKWAY, SUITE 902
City-St-Zip: JACKSONVILLE, FL 32216

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

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

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: KAREN JOHNSON

PRES

03/05/2010

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