## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061376

Entity Name: ENCORE RESEARCH GROUP, LLC

**FILED** Mar 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4085 UNIVERSITY BLVD., SOUTH, SUITE 1 4085 UNIVERSITY BLVD., SOUTH, SUITE 1 JACKSONVILLE, FL 32216

JACKSONVILLE, FL 32216

**Current Mailing Address: New Mailing Address:** 

4085 UNIVERSITY BLVD., SOUTH, SUITE 1 4085 UNIVERSITY BLVD., SOUTH, SUITE 1

JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 US

FEI Number: 20-5059831 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOREN, MICHAEL J CEO 4085 UNIVERSITY BLVD., SOUTH, SUITE 1 JACKSONVILLE, FL 32216

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: ADDITIONS/CHANGES:

() Delete Title: (X) Change ( ) Addition KOREN, MICHAEL J MD KOREN, MICHAEL J MD Name: Name: Address: 4085 UNIVERSITY BLVD. S., #1 Address: 4085 UNIVERSITY BLVD. S., #1 City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216 US

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: MICHAEL J. KOREN, MD 03/23/2009