




2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90313 020 ****50.00

DOCUMENT # L06000082311 1. Entity Name MEG SUPERIOR CLINICAL RESEARCH CONSULTING, LLC					
Principal Place of Business 2418 SE 23RD STREET OCALA, FL 34471			Mailing Address 2418 SE 23RD STREET OCALA, FL 34471		
2. Principal Place of Business - No P.O. Box # 2418 SE 23 ST		3. Mailing Address Same			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State OCALA FL		City & State _____			
Zip 34471		Country USA		4. FEI Number 20-5412999	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GILCHRIST, MARY E 2418 SE 23RD STREET OCALA, FL 34471				7. Name and Address of New Registered Agent Name NA Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILCHRIST, MARY E 2418 SE 23RD STREET OCALA, FL 34471 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 			Date 4/30/07 Daytime Phone # 352 8677677		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					