

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107044

FILED
Apr 14, 2009
Secretary of State

Entity Name: FPA CLINICAL RESEARCH, LLC

Current Principal Place of Business:

445 WEST OAK STREET
KISSIMMEE, FL 34741 US

New Principal Place of Business:

222 BROADWAY AVE
SUITE 302
KISSIMMEE, FL 34741 US

Current Mailing Address:

445 WEST OAK STREET
KISSIMMEE, FL 34741 US

New Mailing Address:

222 BROADWAY AVE
SUITE 302
KISSIMMEE, FL 34741 US

FEI Number: 20-5818404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPPEL, CHRISTOPHER M DR.
445 WEST OAK STREET
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

CHAPPEL, CHRISTOPHER M DR.
222 BROADWAY AVE
SUITE 302
KISSIMMEE, FL 34741 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: CHRISTOPHER M. CHAPPEL

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHRISTOPHER, CHAPPEL M DR.
Address: 4540 ALBRITTON ROAD
City-St-Zip: ST. CLOUD, FL 34772 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHRISTOPHER, CHAPPEL M DR.
Address: 4900 MANOR HOUSE LANE
City-St-Zip: ST. CLOUD, FL 34772 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: CHRISTOPHER M. CHAPPEL

MGRM

04/14/2009

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