

# 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