

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119655

Entity Name: CLINICAL RESEARCH CENTER, LLC

FILED
Mar 29, 2007
Secretary of State

Current Principal Place of Business:

4920 SHADY RIVER LANE
FORT MYERS, FL 33905

New Principal Place of Business:

117 S. STATE ROAD 7, SUITE 201
WELLINGTON, FL 33414

Current Mailing Address:

4920 SHADY RIVER LANE
FORT MYERS, FL 33905

New Mailing Address:

117 S. STATE ROAD 7, SUITE 201
WELLINGTON, FL 33414

FEI Number: 20-8292794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FERNANDEZ, TALIA
4920 SHADY RIVER LANE
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

FERNANDEZ, TALIA
13256 TEMPLE BLVD
WEST PALM BEACH, FL 33412 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: TALIA FERNANDEZ

03/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FERNANDEZ, TALIA
Address: 4920 SHADY RIVER LANE
City-St-Zip: FORT MYERS, FL 33905

Title: MGR (X) Delete
Name: FERNANDEZ, ROBERT
Address: 4920 SHADY RIVER LANE
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FERNANDEZ, TALIA
Address: 13256 TEMPLE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33412

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TALIA FERNANDEZ

MGR

03/29/2007

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