

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90107 046 \*\*\*138.75

**DOCUMENT # L07000010399**

1. Entity Name  
INNOVATIONS CLINICAL RESEARCH, LLC.



Principal Place of Business  
8643 WOODGROVE HARBOR LANE  
BOYNTON BEACH, FL 33437 US

Mailing Address  
8643 WOODGROVE HARBOR LANE  
BOYNTON BEACH, FL 33437 US

50003229



2. Principal Place of Business - No P.O. Box #  
343 Steel Hopper way  
Suite, Apt. #, etc.

3. Mailing Address  
343 Steel Hopper way  
Suite, Apt. #, etc.

04082008 Chg-LLC CR2E083 (12/06)

City & State  
Garner NC  
Zip  
27529  
Country  
USA

City & State  
Garner NC  
Zip  
27529  
Country  
USA

4. FEI Number Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROSENBERG, HEIDI B  
8643 WOODGROVE HARBOR LANE  
BOYNTON BEACH, FL 33437

**7. Name and Address of New Registered Agent**

Name  
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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME KAGAN, ETHEL  
STREET ADDRESS 8643 WOODGROVE HARBOR LANE  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS 343 Steel Hopper way  
CITY-ST-ZIP Garner NC 27529

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Ethel Kagan 4/09/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #