

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000034427

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** PHYSICIAN CARE CLINICAL RESEARCH, LLC

**Current Principal Place of Business:**

1931 SOUTH TUTTLE AVE  
SUITE 1  
SARASOTA, FL 34239

**New Principal Place of Business:**

1918 ROBINHOOD STREET  
SARASOTA, FL 34231

**Current Mailing Address:**

1931 SOUTH TUTTLE AVE  
SUITE 1  
SARASOTA, FL 34239

**New Mailing Address:**

1918 ROBINHOOD STREET  
SARASOTA, FL 34231

**FEI Number:** 37-1541129

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BALLARD, BRENT  
1931 SOUTH TUTTLE AVENUE  
SUITE 1  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

BALLARD, BRENT  
1918 ROBINHOOD STREET  
SARASOTA, FL 34231 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: BRENT BALLARD

04/07/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BALLARD, BRENT  
Address: 1918 ROBINHOOD STREET  
City-St-Zip: SARASOTA, FL 34231

I hereby 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: BRENT BALLARD

MGR

04/07/2010

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