

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90018 035 ***138.75

DOCUMENT # L07000076647

1. Entity Name
**NORTHWEST FLORIDA CLINICAL RESEARCH GROUP,
LLC**



Principal Place of Business
**5153 N. 9TH AVENUE
SUITE 300
PENSACOLA, FL 32504**

Mailing Address
**P.O. BOX 370
GULF BREEZE, FL 32562-0370**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO Box 879

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gulf Breeze, FL

Zip

Country

Zip

Country

32562

USA

01102008 Chg-LLC CR2E083 (12/06)

4. FEI Number

26-0618333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RENFROE, JAMES B
5153 N. 9TH AVENUE
SUITE 300
PENSACOLA, FL 32504**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
RENFROE, JAMES B
5153 N. 9TH AVENUE, SUITE 300
PENSACOLA, FL 32504**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/16/08