

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076647

FILED
Jan 10, 2011
Secretary of State

Entity Name: NORTHWEST FLORIDA CLINICAL RESEARCH GROUP, LLC

Current Principal Place of Business:

400 GULF BREEZE PKWY., STE 203
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

PO BOX 879
GULF BREEZE, FL 325620370

New Mailing Address:

FEI Number: 26-0618333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: RENFROE, JAMES B
Address: 400 GULF BREEZE PKWY., STE 203
City-St-Zip: GULF BREEZE, FL 32561

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: B RENFROE

D

01/10/2011

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