

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000127829

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** CLINICAL RESEARCH PARTNERS, L.L.C.

**Current Principal Place of Business:**

4993 S. W. 74 COURT  
GROUND FLOOR  
MIAMI, FL 33155

**New Principal Place of Business:**

4993 S. W. 74 COURT  
SUITE A  
MIAMI, FL 33155

**Current Mailing Address:**

1825 PONCE DE LEON BOULEVARD  
SUITE 172  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EVERINGHAM, PHILIP B  
2602 SAN DOMINGO STREET  
CORAL GABLES, FL 33134 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: CEO  
Name: EVERINGHAM, PHILIP B  
Address: 2602 SAN DOMINGO STREET  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: COO  
Name: CHAPMAN, GILLETTE A  
Address: 6834 S. W. 78 TERRACE  
City-St-Zip: SOUTH MIAMI, FL 33143

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: PHILIP B. EVERINGHAM

CEO

04/30/2010

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