## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000003927

FILED Feb 10, 2009 Secretary of State

Entity Name: REAL TIME CLINICAL RESEARCH CONSULTANTS, LLC

**New Principal Place of Business: Current Principal Place of Business:** 491 FREEMAN STREET LONGWOOD, FL 32750 US **Current Mailing Address: New Mailing Address:** 491 FREEMAN STREET LONGWOOD, FL 32750 US FEI Number: 42-1743985 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100, FL 33612 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LOVELL, GRAHAM Name: Name: Address: 491 FREEMAN STREET Address: City-St-Zip: LONGWOOD, FL 32750 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: KNELLER, JIMMIE Name: Address: 491 FREEMAN STREET Address: City-St-Zip: LONGWOOD, FL 32750 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition POTTER, KATHRYN Name: Name: 491 FREEMAN STREET Address: Address: City-St-Zip: LONGWOOD, FL 32750 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KATHRYN POTTER MGRM 02/10/2009