

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000003927

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** REAL TIME CLINICAL RESEARCH CONSULTANTS, LLC

**Current Principal Place of Business:**

491 FREEMAN STREET  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

491 FREEMAN STREET  
LONGWOOD, FL 32750 US

**New Mailing Address:**

**FEI Number:** 42-1743985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100, FL 33612 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: MGRM  
Name: LOVELL, GRAHAM  
Address: 491 FREEMAN STREET  
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGRM  
Name: KNELLER, JIMMIE  
Address: 491 FREEMAN STREET  
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGRM  
Name: POTTER, KATHRYN  
Address: 491 FREEMAN STREET  
City-St-Zip: LONGWOOD, FL 32750 US

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: KATHRYN POTTER

MGRM

02/16/2010

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