

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000003927

FILED  
Feb 07, 2012  
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  
TAMPA, 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

02/07/2012

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