## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009227

Entity Name: NAPLES INSTITUTE FOR CLINICAL RESEARCH, LLC

FILED Mar 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2335 STANFORD CR, STE 501 3376 WOODS EDGE CIRCLE NAPLES, FL 34112

102

BONITA SPRINGS, FL 34134

**Current Mailing Address: New Mailing Address:** 

2335 STANFORD CR, STE 501 6017 PINE RIDGE RD NAPLES, FL 34112 **BOX 274** 

NAPLES, FL 34119

FEI Number: 26-2669255 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

GOLDSTEIN, MARK ESQ. GOLDSTEIN, MARK L ESQ. 100 S.E. 2ND STREET 100 S.E. 2ND STREET **SUITE 3300** SUITE 3300

MIAMI,, FL 33131 US MIAMI,, FL 33131 US

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: MARK GOLDSTEIN 03/27/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition LADO, LEONARD M.D. LADO, LEONARD A M.D. Name: Name:

Address: 2335 STANFORD CR, STE 501 Address: 3376 WOODS EDGE CIRCLE 102 City-St-Zip: NAPLES, FL 34112 City-St-Zip: BONITA SPRINGS, FL 34134

(X) Change ( ) Addition Title: MGR ( ) Delete Title: MGR Name: MUNOZ, EMILIO Name: MUNOZ, EMILIO

Address: 2335 STANFORD CR. STE 501 Address: 3376 WOODS EDGE CIRCLE

City-St-Zip: NAPLES, FL 34112 City-St-Zip: BONITA SPRINGS, FL 34134

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: LEONARD A LADO MD 03/27/2009