

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000012788

FILED
Mar 31, 2009
Secretary of State

Entity Name: CLINICAL RESEARCH RESOURCES, LLC.

Current Principal Place of Business:

5871 WILD OLIVE TERRACE
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

5871 WILD OLIVE TERRACE
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 26-2102292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, BARRIE
5871 WILD OLIVE TERRACE
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

PHILLIPS, BARRIE M PH.D.
5871 WILD OLIVE TERRACE
FORT MYERS, FL 33919 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: BARRIE M. PHILLIPS, PH.D.

03/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PHILLIPS, BARRIE
Address: 5871 WILD OLIVE TERRACE
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PHILLIPS, BARRIE M PH.D.
Address: 5871 WILD OLIVE TERRACE
City-St-Zip: FORT MYERS, FL 33919 US

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: BARRIE M. PHILLIPS, PH.D.

MGR

03/31/2009

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