

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000012788

FILED
Feb 19, 2010
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 M PH.D.
5871 WILD OLIVE TERRACE
FORT MYERS, FL 33919 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: PHILLIPS, BARRIE M PH.D.
Address: 5871 WILD OLIVE TERRACE
City-St-Zip: FORT MYERS, FL 33919 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: BARRIE M. PHILLIPS, PH.D.

MGRM

02/19/2010

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