

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041880

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** ENSPIRE CLINICAL RESEARCH LLC

**Current Principal Place of Business:**

1900 CORAL WAY  
SUITE 200  
MIAMI, FL 33145 US

**New Principal Place of Business:**

333 W 41 ST  
SUITE 514  
MIAMI BEACH, FL 33140 US

**Current Mailing Address:**

1900 CORAL WAY  
SUITE 200  
MIAMI, FL 33145 US

**New Mailing Address:**

333 W 41 ST  
SUITE 514  
MIAMI BEACH, FL 33140 US

**FEI Number:** 26-2523683

**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: JONES III, DAVID H  
Address: 333 W 41 ST  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGRM  
Name: GONZALEZ, LOURDES R  
Address: 333 W 41 ST  
City-St-Zip: MIAMI BEACH, FL 33140 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: LOURDES R. GONZALEZ

MGRM

04/19/2011

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