

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111918

FILED
May 01, 2012
Secretary of State

Entity Name: KFORCE CLINICAL RESEARCH FLEX, LLC

Current Principal Place of Business:

1001 EAST PALM AVE
TAMPA, FL 33605

New Principal Place of Business:

1001 EAST PALM AVE
TAMPA, FL 33605 US

Current Mailing Address:

1001 EAST PALM AVE
TAMPA, FL 33605

New Mailing Address:

1 VAN DE GRAAFF DRIVE
6TH FLOOR
BURLINGTON, MA 01803 US

FEI Number: 26-3478719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR
Name: DEARHAMMER, GREGG
Address: 1 VAN DE GRAAFF DRIVE
City-St-Zip: BURLINGTON, MA 01803 US

Title: MGR
Name: MASSARO, JOSEPH R
Address: 1 VAN DE GRAAFF DRIVE
City-St-Zip: BURLINGTON, MA 01803 US

Title: MGR
Name: IVERS, MICHAEL
Address: 1 VAN DE GRAAFF DRIVE
City-St-Zip: BURLINGTON, MA 01803 US

Title: MGRM
Name: SHERBET, ERIC M
Address: 1 VAN DE GRAAFF DRIVE
City-St-Zip: BURLINGTON, MA 01803 US

Title: MGRM
Name: MOORE, JESSE
Address: 1 VAN DE GRAAFF DRIVE
City-St-Zip: BURLINGTON, MA 01803 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: JESSE MOORE

MGRM

05/01/2012

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