

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 27, 2011
Secretary of State

Entity Name: SOUTHEAST CLINICAL RESEARCH INVESTIGATIVE SITE NETWORK, LLC

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY, SUITE 902
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6817 SOUTHPOINT PARKWAY, SUITE 902
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 27-0449803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, KAREN A
6817 SOUTHPOINT PARKWAY, SUITE 902
JACKSONVILLE, FL 32216 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: PRES
Name: JOHNSON, KAREN A PRE
Address: 6817 SOUTHPOINT PARKWAY, SUITE 902
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VP
Name: PARROTT, TAMMY J
Address: 6817 SOUTHPOINT PARKWAY, SUITE 902
City-St-Zip: JACKSONVILLE, FL 32216 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: KAREN JOHNSON

MBR

04/27/2011

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