

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000085825

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** CLINICAL ADVANTAGE PARTNERS, LLC

**Current Principal Place of Business:**

917 1ST STREET SOUTH, #202  
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

917 1ST STREET SOUTH, #201  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

917 1ST STREET SOUTH, #202  
JACKSONVILLE, FL 32250

**New Mailing Address:**

917 1ST STREET SOUTH,  
#201  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 27-3254633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FISHER, TOUSEY, LEAS & BALL  
818 NORTH A1A, SUITE 104  
PONTE VEDRA BEACH, FL 32082 US

**Name and Address of New Registered Agent:**

MARY JANE, JACOBS  
917 1ST STREET SOUTH,  
#201  
JACKSONVILLE BEACH, FL 32082 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: MARY JANE JACOBS

03/13/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: JACOBS, MARY JANE  
Address: 917 1ST STREET SOUTH, #202  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: MARY JANE JACOBS

CEO

03/13/2012

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